

**NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD  
PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, ALBANY, NEW YORK 12220-0074  
VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE  
WWW.PERB.NY.GOV**

**JOINT SUBMISSION TO ARBITRATE**

**INSTRUCTIONS:** Complete in full, retain one copy each and submit via electronic mail to PERB's Office of Conciliation at [ARBITRATION@PERB.NY.GOV](mailto:ARBITRATION@PERB.NY.GOV), only. Please do not send a hard copy to PERB's physical mailing address.

DATE: \_\_\_\_\_

**PUBLIC EMPLOYER**

Name, Address and County of Public Employer

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Name, Title, Address, Email Address and Telephone Number of the Representative to whom PERB should direct the Employer's correspondence.

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**EMPLOYEE ORGANIZATION**

Name of Employee Organization

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Name, Title, Address, Email Address and Telephone Number of the Representative to whom PERB should direct the employee Organization's correspondence.

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(ATTACH ADDITIONAL SHEETS WHERE NECESSARY)

1. Identify the provision(s) in the agreement claimed to be violated and attach a copy thereof:

2. Write a clear and concise description of the nature of the dispute(s) to be arbitrated and the remedy(ies) sought (include the name(s) of the grievant(s)):

**THE PARTIES NAMED HEREIN, HEREBY JOINTLY REQUEST BINDING ARBITRATION OF THE DISPUTE DESCRIBED HEREIN UNDER THE VOLUNTARY ARBITRATION RULES OF PROCEDURE OF THE NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD.**

\_\_\_\_\_  
Signature of Public Employer Representative Title Date

\_\_\_\_\_  
Signature of Employee Organization Title Date  
Representative

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