

Public Employment Relations Board
PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20
Albany, NY 12220-0074

RESUME OF PANEL ARBITRATOR

FULL NAME: STUART LIPKIND

CITY, STATE, ZIP: Kingston, N.Y. 12401

OCCUPATION: Arbitrator

EDUCATION:

Albany Law School (J.D.)
Hamilton College (B.A.)

PROFESSIONAL AFFILIATIONS:

New York State Bar Association, Labor and Employment Law Section
Labor and Employment Relations Association
Association for Conflict Resolution

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Panels: American Arbitration Association, FMCS, National Mediation Board, New York State PERB, New Jersey State Board of Mediation, NYC Dep't of Education/DC37, Town of Islip/UPSEU, NY Education Law §3020-a Hearing Officer

Issues: Contract Interpretation, Discipline and Discharge, Just Cause, Arbitrability, Absenteeism, Layoff, Seniority, Staffing, Overtime, Drug/Alcohol, Job Performance, Past Practice

Industries: Education (School Districts, College & University), State and Local Government, Federal Government, Transportation, Public Authorities, Hospitals/Healthcare, Retail/Wholesale Tire Industry

MEDIATION & FACT-FINDING EXPERIENCE:

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

30+ years' experience in labor and employment dispute resolution. Full time arbitrator since 2009. NYSUT Associate General Counsel (2003 – 2008) and Counsel (1993 – 2003); Private Law Practice (1981 – 1992); CSEA Associate Regional Counsel (1976 – 1981)

PER DIEM FEE: \$ 1900

ADJOURNMENT FEE: \$ 1900 if hearing cancelled or postponed with less than 21 calendar days notice

SUBMITTED BY ARBITRATOR LIPKIND ON November 14, 2024

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BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: **STUART LIPKIND**

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1900 for each day or any part thereof spent hearing a case.

(2) If a hearing day exceeds _____ hours, I charge:

a second full per diem

a prorated per diem

no additional charge

other (describe) :

(3) Additional comments:

B) STUDY TIME.

(1) I charge \$ 1900 for each day spent in preparation of the opinion and award.

(2) This charge will will not be prorated for partial days devoted to such preparation.

(3) Additional comments:

C) TRAVEL TIME AND EXPENSES.

(1) When travel time plus hearing time exceeds _____ hours in a calendar day:

Not applicable (no additional charge)

I charge as follows (describe):

(2) I charge for actual, travel-related expenses incurred in connection with the case YES NO.

Where appropriate, a mileage charge for auto travel will be billed at:

Prevailing IRS rate

Other (describe):

(3) When the scheduled hearing day(s) requires an overnight stay:

There is no charge, other than for lodging and subsistence.

I charge as follows (describe):

(4) Additional Comments:

D) POSTPONEMENT OR CANCELLATION FEES.

A fee of \$ 1900 will be charged unless I receive notice of a postponement or cancellation:

Before 21 calendar days of the scheduled hearing date

Other (describe):

E) ADDITIONAL CHARGES. I charge separately for expenses incurred in connection with the following:

Docketing (describe): Yes No

Duplication Yes No

Fax Yes No

Finance or late payment charge (describe): Yes No

Postage Yes No

Secretarial Yes No

Telephone Yes No

Other (describe):

F) GENERAL TERMS.

(1) Billing for fees and expenses will be divided equally between the parties unless otherwise required by the collective bargaining agreement or the conditions of the appointment.

(2) Other conditions (describe):

G) OTHER INFORMATION/COMMENTS:

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IMPORTANT

THIS FORM IS NOT INTENDED TO SUGGEST THE SERVICES FOR WHICH AN ARBITRATOR SHOULD OR SHOULD NOT CHARGE. IT PRESENTS THE MOST RECENT INFORMATION PROVIDED BY THE NAMED ARBITRATOR TO THE NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, WHICH BEARS NO RESPONSIBILITY FOR ERRORS OR OMISSIONS CONTAINED ON THE FORM, OR FOR VARIANCES IN ACTUAL PRACTICE BY THE ARBITRATOR.