

**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 forward an original and one (1) copy to the Director of Conciliation, NYS PERB, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, Albany, New York 12220-0074, along with the \$50.00 per party filing fee in the form of a check or money order made payable to the State of New York.

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

**PUBLIC EMPLOYER**

Name of Public Employer . . . . .

\_\_\_\_\_

Name, Title, Address and Telephone

\_\_\_\_\_

Number of the Representative to whom PERB should direct \_\_\_\_\_  
correspondence.

\_\_\_\_\_

**EMPLOYEE ORGANIZATION**

Name of Employee Organization . . . . .

\_\_\_\_\_

Name, Title, Address and Telephone

\_\_\_\_\_

Number of the Representative to whom PERB should direct \_\_\_\_\_  
correspondence.

\_\_\_\_\_

(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