

Public Employment Relations Board
PO BOX 2074, ESP Agency Bldg. 2, Floor 20
Albany, NY 12220-0074

RESUME OF PANEL ARBITRATOR

FULL NAME: Marc H. Reitz
CITY, STATE, ZIP: Sackets Harbor, NY 13685
OCCUPATION: Mediator and Arbitrator

EDUCATION:

University of Pennsylvania, Wharton School of Finance and Commerce, B. S. in Economics (1969)
Syracuse University, Maxwell School of Citizenship and Public Affairs, MPA program (30 hours completed, no degree, 1971)
Syracuse University, College of Law, Juris Doctor (cum laude, 1978)

PROFESSIONAL AFFILIATIONS:

New York State Bar Association, Labor and Employment Section
Board of Directors, Sackets Harbor Local Development Corporation

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Extensive experience in timeliness, arbitrability. Leave provisions, insurance issues, job eligibility and promotion, and employee discipline.

MEDIATION & FACT-FINDING EXPERIENCE:

Direct experience as an advocate and a neutral in direct negotiations, mediation and fact-finding in public employee negotiations, particularly in the public education sector.

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

25 Years of Service as an Adjunct Professor of Education Law at SUNY Oswego and SUNY Cortland
Community Mediator, Resolution Center of Jefferson and Lewis Counties

PER DIEM FEE: \$ 1,500
ADJOURNMENT FEE: \$ 1,500

SUBMITTED BY ARBITRATOR Marc H. Reitz ON August 13, 2018

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BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: Marc H. Reitz

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1,500 for each day or any part thereof spent hearing a case.

(2) If a hearing day exceeds 7 hours, I charge:

a second full per diem

a prorated per diem

XXX no additional charge

other (describe) :

(3) Additional comments:

B) STUDY TIME.

(1) I charge \$1,500 for each day spent in preparation of the opinion and award.

(2) This charge will 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:

XXX Not applicable (no additional charge)

I charge as follows (describe):

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

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

XXX Prevailing IRS rate

Other (describe):

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

XXX 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 \$ 1,500 will not be charged unless I receive notice of a postponement or cancellation:

XXX At least 14 calendar days prior to the scheduled hearing date

Other (describe):

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

Docketing (describe): Yes XXX No

Duplication Yes XXX No

Fax Yes XXX No

Finance or late payment charge (describe): Yes XXX No

Postage Yes XXX No

Secretarial Yes XXX No

Telephone Yes XXX 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.