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

#### **RESUME OF PANEL ARBITRATOR**

FULL NAME: Gayle A. Gavin

CITY, STATE, ZIP: Bronx, NY 10463

OCCUPATION: Arbitrator & Mediator

### **EDUCATION:**

State University College at Buffalo - B.A. New York Institute of Technology – M.B.A. New York Law School – J.D.

#### PROFESSIONAL AFFILIATIONS:

National Academy of Arbitrators:

### ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Twenty plus years as an arbitrator handling all types of grievance/disciplinary matters in the public and private sectors:

### **MEDIATION & FACT-FINDING EXPERIENCE:**

Have been appointed to numerous impasse panels involving the City of New York and its various Unions.

# OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

Presently on the following permanent panels: Professional Staff Congress/City University of NY; Nassau County Police Benevolence Association/Nassau County; NYC & District Council 37, Local375 (Engineering Titles); City University of NY Classified Staff; United Federation of Teachers/NYC Department of Education contract panel; United Federationof Teachers/NYC Department of Education Annual Performance Reviews Panel; District Council 37, Local 1070/NYS Unified Court System; District Council 37, Local 1321/Queens Borough Public Library.

**PER DIEM FEE:** \$ 2400.00

**ADJOURNMENT FEE:** \$ 2400.00 if cancelled less than fifteen business days before hearing.

SUBMITTED BY ARBITRATOR Gayle A. Gavin ON July 30, 2020

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# **BILLING DISCLOSURE STATEMENT**

ARBITRATOR'S NAME: Gayle A.	. Gavin
The following is a description of	my fees and expenses:
A) HEARING TIME.	
(1) My per diem is \$2400 fe	or each day or any part thereof spent hearing a case.
(2) If a hearing day exceed	ls 6 hours, I charge:
☐a second full per die	em x - a prorated per diem
☐no additional ch	narge
(3) Additional comments:	
D) OTUDY TIME	
B) STUDY TIME.	
(1) I charge \$ <u>2400</u> for eac	ch day spent in preparation of the opinion and award.
(2) This charge x - will be	prorated for partial days devoted to such preparation.
(3) Additional comments:	
C) TRAVEL TIME AND EXPEN	SES.
(1) When travel time plus h	nearing time exceeds 8 hours in a calendar day:
☐ Not applicable	(no additional charge)
X- I charge as follo	ows (describe): pro rata per diem rate.
(2) I charge for actual, trav	rel-related expenses incurred in connection with the case X - YES
Where appropriate, a milea	age charge for auto travel will be billed at:
X - Prevailing IRS	rate
(3) When the scheduled he	earing day(s) requires an overnight stay:
l charge as follows	s (describe): per diem rate of \$2400.
(4) Additional Comments:	

## D) POSTPONEMENT OR CANCELLATION FEES.

A fee of \$ 2400 will not be charged unless I receive notice of a postponement or cancellation:

X Other (describe): at least fifteen business days prior to hearing.

E) ADDITIONAL CHARGES. I charge separately for expenses incurred in co	onnection 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 particle the collective bargaining agreement or the conditions of the appointment	
(2) Other conditions (describe): none	
G) OTHER INFORMATION/COMMENTS:	

SUBMITTED BY ARBITRATOR Gayle A. Gavin ON July 30, 2020

#### **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.