

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

**VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE
DEMAND FOR ARBITRATION**

INSTRUCTIONS: Complete in full, retain one copy for your records and distribute as follows: A) **SIMULTANEOUSLY SERVE VIA ELECTRONIC MAIL, ONLY**, to PERB's Office of Conciliation at ARBITRATION@PERB.NY.GOV and to the Employer representative's email address (or Employee Organization representative's email address, if filed by the Employer). Please do not send a hard copy to PERB's mailing address.

DATE: _____

EMPLOYER

Name of Employer _____

Name, Title, Address, E-Mail,
Telephone and Fax Number of the
Representative to whom PERB
should direct correspondence _____

County: _____

(E-mail) _____

(Telephone) _____ **(Fax)** _____

LABOR/EMPLOYEE ORGANIZATION

Name of Organization _____

Name, Title, Address, E-Mail,
Telephone and Fax Number of the
Representative to whom PERB
should direct correspondence _____

(E-mail) _____

(Telephone) _____ **(Fax)** _____

IDENTIFY PETITIONER (check one):

EMPLOYER

LABOR/EMPLOYEE ORGANIZATION

IDENTIFY TYPE OF PANEL REQUESTED (check one):

PUBLIC SECTOR VOLUNTARY GRIEVANCE ARBITRATION PANEL
Available only to public sector employers and employee organizations.

PRIVATE SECTOR REGULAR GRIEVANCE ARBITRATION PANEL
Available only to private sector employers and labor organizations.

PRIVATE SECTOR DIRECT APPOINTMENT PRO BONO PANEL
Available only to private sector employers and labor organizations, whose
collective bargaining agreement specifically provides for this service.

PLEASE COMPLETE THE FOLLOWING, USING ADDITIONAL SHEETS IF NECESSARY:

1. Effective date and expiration date of the agreement: _____ to _____.
(Mo./Day/Yr.) (Mo./Day/Yr.)

2. Identify the provision(s) in the agreement providing for arbitration and attach a copy thereof:

3. Identify the provision(s) in the agreement claimed to be violated and attach a copy thereof (use additional sheet(s) if necessary):

4. 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)) (use additional sheet(s) if necessary):

5. Is proof of service of this Demand for Arbitration on the Respondent attached hereto? Yes No

THE UNDERSIGNED, A PARTY TO A WRITTEN AGREEMENT WHICH PROVIDES FOR ARBITRATION AS IDENTIFIED ABOVE, HEREBY DEMANDS ARBITRATION. YOU ARE HEREBY NOTIFIED THAT A COPY OF THIS DEMAND FOR ARBITRATION IS BEING ELECTRONICALLY FILED WITH THE DIRECTOR OF CONCILIATION, NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, TO ARBITRATION@PERB.NY.GOV, WITH THE REQUEST THAT AN ARBITRATOR BE DESIGNATED IN ACCORDANCE WITH THE BOARD'S ESTABLISHED PROCEDURES AND POLICIES.

IN ACCORDANCE WITH SECTION 7503(c) OF THE CIVIL PRACTICE LAW AND RULES (CPLR):
"UNLESS THE PARTY SERVED APPLIES TO STAY THE ARBITRATION WITHIN TWENTY DAYS AFTER SUCH SERVICE HE SHALL THEREAFTER BE PRECLUDED FROM OBJECTING THAT A VALID AGREEMENT WAS NOT MADE OR HAS NOT BEEN COMPLIED WITH AND FROM ASSERTING IN COURT THE BAR OF A LIMITATION OF TIME."

Signature

Title

Date

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Print Form