

**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 submit via electronic mail to PERB's Office of Conciliation at ARBITRATION@PERB.NY.GOV, only. Please do not send a hard copy to PERB's physical mailing address.

DATE: _____

PUBLIC EMPLOYER

Name, Address and County of Public Employer

Name, Title, Address, Email Address and Telephone Number of the Representative to whom PERB should direct the Employer's correspondence.

EMPLOYEE ORGANIZATION

Name of Employee Organization

Name, Title, Address, Email Address and Telephone Number of the Representative to whom PERB should direct the employee Organization's 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

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