

REQUEST FOR ARBITRATION

OFFICE OF COLLECTIVE BARGAINING
40 RECTOR STREET - 7TH FLOOR
NEW YORK, N.Y. 10006
PHONE (212) 306-7160 FAX (212) 306-7167

Docket Number

Date Filed

INSTRUCTIONS: Consult the New York City Collective Bargaining Law, Chapter 3, Title 12 of the Administrative Code of the City of New York ("NYCCBL"), § 12-312, and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-06. File original with OCB and serve one copy on the designated agent for the other party.

CHECK BOX IF YOU HAVE REQUESTED EXPEDITED ARBITRATION IN QUESTION 6(c).

1. NAME OF PUBLIC EMPLOYEE ORGANIZATION AND LOCAL

Name:

Address:

Phone:

Fax:

Email (optional):

2. NAME OF PUBLIC EMPLOYER

Name:

Address:

Phone:

Fax:

Email (optional):

3. NATURE OF DISPUTE

(a) Name(s) of agency which employ the grievant(s):

(b) Name(s) of grievant(s):

(c) A precise and concise statement of the grievance to be arbitrated:

(d) Specify the remedy sought:

4. If this request is made by a municipal employee organization, are the waivers required by NYCCBL § 12-312(d) and OCB Rule § 1-06(b)(1)(iii) included? (see attached)

Yes **No**

5. ATTACH THE FOLLOWING (check appropriate boxes). Failure to provide documents may delay processing of request.	
<input type="checkbox"/> The written grievance, if any	
<input type="checkbox"/> The Step II decision, if issued	Date issued
<input type="checkbox"/> The Step III decision, if issued	Date issued
<input type="checkbox"/> The contract provision and/or the rule or regulation alleged to have been violated	

6. (a) Do the parties use a designated contract arbitrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" please identify:	
(b) Do the parties use a rotating panel of arbitrators? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Is this a request for expedited arbitration under the terms of the parties' agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STATEMENT REQUESTING ARBITRATION: The undersigned hereby requests impartial arbitration of the unresolved grievance described above. A request is made for the designation of an arbitrator or arbitration panel to hear and decide the dispute.

7. PERSON FILING REQUEST		
Name:	Title:	
Address:		
Phone:	Fax:	Email (optional):
Signature		Date