

# WAIVER

**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(d), and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-06(b). File original with OCB and serve one copy on the designated agent for the other party.  
**NOTE:** A separate waiver must be filed for each individual grievant unless this is a group grievance, in which case the waiver may be filed by the authorized union representative only.

**Description of grievance sought to be arbitrated:**

The undersigned employee organization and employee(s) aggrieved in this matter waive the right, if any, to submit the underlying dispute to any other administrative or judicial tribunal except for the purpose of enforcing the arbitrator's award.

\_\_\_\_\_ Union

\_\_\_\_\_ Representative (print name)

\_\_\_\_\_ Title

\_\_\_\_\_ Representative (signature)

\_\_\_\_\_ Grievant (print name)

\_\_\_\_\_ Grievant (signature)

Date: \_\_\_\_\_