

## REQUEST FOR MEDIATION

**OFFICE OF COLLECTIVE BARGAINING**  
100 GOLD STREET, SUITE 4800  
NEW YORK, N.Y. 10038  
MAILING ADDRESS: PECK SLIP STATION, P.O. BOX 1018  
NEW YORK, NY 10038  
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"), § 12-311, and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-04. File original with OCB and serve one copy on the designated agent for the other party.

### Re: Collective Bargaining Negotiations between

and

1. Bargaining unit:

2. Date negotiations began:

3. Approximate number in bargaining unit(s):

4. Termination date of current agreement:

5. If this is a joint request, please state:

6. The names of persons from the OCB register whom the parties have selected to mediate the dispute (answer only if parties have agreed):

### 7. PARTY FILING REQUEST

Name:

Title:

Address:

Phone:

Email:

**STATEMENT PURSUANT TO OCB RULE § 1-04(a)(4):** As of the date of this request, the above-mentioned parties have been unable to agree on the terms of a collective bargaining agreement, and it is the belief of the undersigned that collective bargaining will be aided by mediation. The undersigned requests the appointment of mediator(s) as soon as possible.

Signature

Date

### 8. OTHER PARTY

Name:

Title:

Address:

Phone:

Email:

Signature

Date