



**pennsylvania**

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF MEDIATION

# Request for Grievance Arbitration Panel

This form may be used by parties covered under PERA (Act 195); NLRA (Taft-Hartley); Section 1121-A, Act 88 (Public School Code); or Police & Firefighter's Act 111.

Date of Request: \_\_\_\_\_

## Parties to the Collective Bargaining Agreement

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Name of Employee Organization

\_\_\_\_\_  
Street or Rural No.

\_\_\_\_\_  
Street or Rural No.

\_\_\_\_\_  
City/Municipality                  County                  Zip Code

\_\_\_\_\_  
City/Municipality                  County                  Zip Code

\_\_\_\_\_  
Name and telephone number of Employer  
Representative to whom Panel should be sent

\_\_\_\_\_  
Name and telephone number of Employee Organization  
Representative to whom Panel should be sent

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

## Arbitration Data

Location of Hearing (City, County) \_\_\_\_\_

Name of Grievant(s) \_\_\_\_\_

Date Grievance Occurred \_\_\_\_\_

Grievance Issue \_\_\_\_\_

Has the grievance been processed up to the arbitration step in accordance with the current agreement?     Yes     No

Filed on Behalf of:

Employer

Union

\_\_\_\_\_  
Representative Signature

This signature attests ONLY that the parties have failed to reach agreement on a mutually acceptable arbitrator. It does not infer agreement on any other issue or aspect of the case.

Department of Labor & Industry | Bureau of Mediation | 651 Boas Street, Rm. 413 | Harrisburg, PA 17121-0750

717.787.2803 | Fax 717.705.6329 | www.dli.state.pa.us

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