



REQUEST FOR APPOINTMENT OF FACT-FINDING PANEL

Requested by:

- Employee Representative
- Employer
- Joint Request

DO NOT WRITE IN THIS SPACE
CASE NO.
DATE FILED

EMPLOYEE REPRESENTATIVE INFORMATION

Employee Organization	Additional Contact Name for Service List
Chief Negotiator	Affiliation
Address	Address
City State Zip	City State Zip
Telephone	Telephone

EMPLOYER INFORMATION

Chief Negotiator	Additional Contact Name for Service List
Address	Address
City State Zip	City State Zip
Telephone	Telephone

Contract Expiration Date:	Mediator:
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SIGNATURE OF REQUESTING PARTY (IF JOINT REQUEST, BOTH PARTIES MUST SIGN FORM)

Employee Representative's Signature:	Employer's Signature:
Date:	Date:

Department of Labor & Industry | Pennsylvania Labor Relations Board | 651 Boas Street, Room 418 | Harrisburg, PA 17121-0750
 717.787.1091 | Fax 717.783.2974 | www.dli.state.pa.us

*Auxiliary aids and services are available upon request to individuals with disabilities.
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