

Requested by:

- O Employe Organization
- O Employer
- O Joint Request

EMPLOYE ORGANIZATION INFORMATION

REQUEST FOR PANEL OF NEUTRAL INTEREST ARBITRATORS

DO NOT WRITE IN THIS SPACE

CASE NO.

DATE FILED

Employe Organization			Partial Arbitrator Name		
Contact name			Address		
Address			City	State	Zip
City	State	Zip	Telephone		
Telephone					

EMPLOYER INFORMATION

Public Employer			Partial Arbitrator Name		
Contact name			Address		
Address			City	State	Zip
City	State	Zip	Telephone		
Telephone					

Employer Budget Submission Date:	Date Mediation Commenced:
Date of Demand for Arbitration:	Mediator:

Certification Case No.:		Contract Expiration Date:
Unit Type (check one):	 Court Related, Court Appointed Court Related, Non-Court Appointed Prison Guards 	Unit Type (check one, or both if applicable): O Professional O Nonprofessional
Unit Description:		•

Pennsylvania Labor Relations Board | 651 Boas Street, Room 418 | Harrisburg, PA 17121-0750 717.787.1091 | Fax: 717.783.2974 | www.dli.pa.gov