

**MUTUAL REQUEST TO WAIVE FACT FINDING**

(File original and 2 copies with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

File prior to the scheduling of any interest arbitration proceeding for which a waiver of fact finding is sought.

The requesting parties hereby certify that they have been engaged in collective bargaining for either a successor or initial collective bargaining agreement and now mutually apply to waive fact finding under the provisions of 26 M.R.S.A. § 965(3)(D). They further agree to submit the results of any interest arbitration proceedings to the Maine Labor Relations Board as provided in 26 M.R.S.A. §§ 965(4), 979-D(4)(E), or 1026(4)(B).

**EMPLOYEE ORGANIZATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Contact person, if other than above

\_\_\_\_\_

Telephone \_\_\_\_\_

**EMPLOYER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Contact person, if other than above

\_\_\_\_\_

Telephone \_\_\_\_\_

- 1. Number of issues at the commencement of negotiations \_\_\_\_\_
- 2. Number of issues remaining after mediation, if mediation conducted \_\_\_\_\_
- 3. Number of issues the parties seek to present to arbitration \_\_\_\_\_

\_\_\_\_\_  
Signature and capacity of Employee Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and capacity of Employer Representative

\_\_\_\_\_  
Date Signed

**The issues to be presented to arbitration must be attached and marked "Issues in controversy, Exhibit 1."**