

ARBITRATION REQUEST FORM

To be filed in quadruplicate with the Maine Board of Arbitration and Conciliation, 90 State House Station, Augusta, Maine 04333

REQUESTING PARTY:

Name _____

Organization _____

Address _____

_____ Zip _____

Telephone _____

OPPOSITE PARTY:

Name _____

Organization _____

Address _____

_____ Zip _____

Telephone _____

Is this submission joint? _____ or unilateral? _____

Have the issue(s) listed hereon been agreed to by the parties? Yes _____ No _____

Description of issue(s) to be discussed at arbitration proceeding including specific sections of bargaining agreement involved:

Remedy sought:

Attach four (4) copies each of grievance, contract and other pertinent documents.
No request will be processed until all material is received.

Date

Signature and capacity of requesting party

The undersigned certifies that a copy of this request, the grievance, collective bargaining agreement, and other pertinent documents being filed herewith have been sent to the opposite party.

Date

Signature and capacity of requesting party