

ARBITRATOR'S REPORT AND FEE STATEMENT

FILE NO. _____ ARBITRATOR _____ DATE OF AWARD _____

I. COMPANY _____
(Name) (City) (State) (Zip Code)

II. UNION _____
(Name) (Local No.) (Affiliation)

III. ISSUES: (Please check either a or b, and complete c and d)

- a. New or reopened contract terms
- b. Contract interpretation or application
- c. Issue or Issues (Please check only one issue per grievance)
 - 1. Discharge and disciplinary actions
 - 2. Incentive rates or standards
 - 3. Job evaluation
 - 4. Work assignment
 - 5. Job classification
- 6. Seniority:
 - a. Promotion and upgrading
 - b. Layoff, bumping and recall
 - c. Transfer
 - d. Other
- 7. Overtime:
 - a. Overtime pay
 - b. Overtime distribution
 - c. Compulsory overtime
 - d. Other
- 8. Union officers - superseniority and union business
- 9. Strike or lockout issues (excluding disciplinary actions)
- 10. Vacations and vacation pay
- 11. Holidays and holiday pay
- 12. Scheduling of work
- 13. Reporting, call-in and call-back pay
- 14. Health and welfare
- 15. Pensions
- 16. Other fringe benefits
- 17. Scope of agreement:
 - a. Subcontracting
 - b. Jurisdictional disputes
 - c. Foreman, supervision, etc.
 - d. Mergers, consolidations, accretion, other plants
- 18. Working conditions, including safety
- 19. Severance pay
- 20. Rate of pay
- 21. Discrimination
- 22. Management rights
- 23. Job posting & bidding
- 24. Wage issues
- 25. Miscellaneous

d. Was arbitrability of grievance involved? Yes No If yes, check one or both Procedural Substantive

4. Hearing:

- a. Were briefs filed? Yes No If yes, give date _____
- b. Was transcript taken? Yes No
- c. Number of grievances: _____
- d. Dates of Hearing: _____
- e. Date of grievance _____
- f. Was there any waiver by parties on date the award was due?
Yes No

5. FEES AND DAYS: For services as Arbitrator

No. of Days: _____ + _____ + _____ = _____ x \$ _____ = \$ _____

	Hearings	Travel	Study	Total	Per Diem Rate	Total Fee
Expenses:	Transportation \$ _____		+ Other \$ _____		= \$ _____	
						Total Expenses

Amount payable by Company \$ _____

Amount payable by Union \$ _____ TOTAL \$ _____

6. PANEL: If tripartite panel or more than one arbitrator made the award, check here _____

7. Date of this Report _____ Signature _____

Please do not write below this line

DATE CLOSED: _____ REVIEWED BY: _____

PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is one and one-hour per respondent, comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Director of Arbitration Services, Federal Mediation and Conciliation Service (FMCS), 2100 K Street, N.W., Washington, D.C. 20427. Persons are not required to respond to this collection of information unless it displays the currently valid OMB control number.