

**FEDERAL MEDIATION AND CONCILIATION SERVICE**  
Washington, DC 20427

FMCS Form R-19  
Revised January 2003  
Fax: (202) 606-3749

Form Approved  
OMB No. 3076-0003  
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**ARBITRATOR'S REPORT AND FEE STATEMENT**

**FMCS Case #** \_\_\_\_\_ **ARBITRATOR** \_\_\_\_\_ **DATE OF AWARD** \_\_\_\_\_

**I. EMPLOYER** \_\_\_\_\_ **II. UNION** \_\_\_\_\_

**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. **Was arbitrability of grievance involved?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(If YES, check one or both)      ☐ **Procedural**      ☐ **Substantive**

d. **Issue or Issues (Please check only one issue per grievance)**

- |                                      |   |
|--------------------------------------|---|
| 1. _____ Affirmative Action          | 18. _____ Management Rights                             |
| 2. _____ Absenteeism                 | 19. _____ Official Time                                 |
| 3. _____ Arbitrability               | 20. _____ Past Practices                                |
| 4. _____ Bargaining Unit Work        | 21. _____ Pension and Welfare Plans                     |
| 5. _____ Conduct (Off-Duty/Personal) | 22. _____ Pension Claim (Federal Statute)               |
| 6. _____ Demotion                    | 23. _____ Promotion                                     |
| 7. _____ Discipline (Non-Discharge)  | 24. _____ Retirement                                    |
| 8. _____ Discipline (Discharge)      | 25. _____ Safety/Health Conditions                      |
| 9. _____ Discrimination (Any type)   | 26. _____ Seniority                                     |
| 10. _____ Fringe Benefits            | 27. _____ Sexual Harassment                             |
| 11. _____ Grievance Mediation        | 28. _____ Strikes/Lockouts, Work<br>Stoppages/Slowdowns |
| 12. _____ Health/Hospitalization     | 29. _____ Subcontracting/Contracting Out                |
| 13. _____ Hiring Practice            | 30. _____ Tenure/Reappointment                          |
| 14. _____ Job Performance            | 31. _____ Wages (Overtime, Holiday pay, etc.)           |
| 15. _____ Job Posting/Bidding        | 32. _____ Work Hours/Schedules/Assignments              |
| 16. _____ Jurisdictional Dispute     | 33. _____ Working Conditions/Work Orders                |
| 17. _____ Layoffs/Bumping/Recall     | 34. _____ Violence or Threats                           |

**IV. HEARING**

a. Were briefs filed? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, give date \_\_\_\_\_ b. Was transcript taken \_\_\_\_\_ YES \_\_\_\_\_ NO

c. No. of Grievances heard: \_\_\_\_\_ d. Date of hearing: \_\_\_\_\_ e. Date of grievance: \_\_\_\_\_

f. Extension granted by either party on initial award date? \_\_\_\_\_ YES \_\_\_\_\_ NO

**V. FEES AND DAYS FOR SERVICES AS AN ARBITRATOR:**

# OF DAYS: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Hearings      Travel      Study      Total      Per Diem Rate      Total Fee

EXPENSES: Transportation: \$ \_\_\_\_\_ + Other: \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Expenses

Amt. Payable by Company: \$ \_\_\_\_\_

Amt. Payable by Union: \$ \_\_\_\_\_

**VII. Cancellation Fee Only:** \_\_\_\_\_

**VI. Panel:** If tripartite panel or more than one arbitrator made the award, check here: \_\_\_\_\_

**VIII. DATE of this Report:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is 30 minutes 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, DC 20427. Persons are not required to respond to this collection of information unless it displays the currently valid OMB control number.