

FEDERAL MEDIATION & CONCILIATION SERVICE

NOTICE TO MEDIATION AGENCIES

Date Submitted: _____

Confirmation Number: _____

Notice Filing Instructions
Please submit this notice once to FMCS:

Electronically

Fax

U.S. Mail

www.fmcs.gov

-OR-

(202) 606-4253

-OR-

NOTICE PROCESSING UNIT
FEDERAL MEDIATION & CONCILIATION SERVICE
250 E STREET, SW
WASHINGTON, DC 20427

You may also be required to notify your state or territorial mediation agency. Visit www.fmcs.gov for a link to state and territorial mediation agencies.

You are hereby notified that written notice of proposed termination or modification of the existing collective bargaining contract was served upon the other party to this contract and that no agreement has been reached.

1. NOTICE TYPE (Select one) Renegotiation Reopener Initial Contract
- a. Contract expiration date. (For existing contracts only.) (MM-DD-YYYY) _____
- b. Contract reopen date. (Only if existing contract provides for reopening or for voluntary re-openers.) (MM-DD-YYYY) _____
2. INDUSTRY (See instructions page for industry options) _____
- Check this box if this employer is a hospital, nursing home or other health care institution.**
3. THIS NOTICE IS FILED ON BEHALF OF THE: (Select one) Union Employer

4. EMPLOYER NAME _____			
5. ADDRESS LINE 1 _____		ADDRESS LINE 2 _____	
CITY _____	STATE _____	ZIP CODE _____	
6. EMPLOYER REP. _____		REP. TITLE _____	
7. PHONE _____	FAX _____	EMAIL _____	
8. UNION NAME _____			LOCAL # _____
9. ADDRESS LINE 1 _____		ADDRESS LINE 2 _____	
CITY _____	STATE _____	ZIP CODE _____	
10. UNION REP. _____		REP. TITLE _____	
11. PHONE _____	FAX _____	EMAIL _____	

12. LOCATION OF AFFECTED ESTABLISHMENT CITY _____ STATE _____ ZIP CODE _____
13. LOCATION OF NEGOTIATIONS (If different from Line 12) CITY _____ STATE _____ ZIP CODE _____

14. NUMBER OF BARGAINING UNIT MEMBERS 15. TOTAL EMPLOYEES AT AFFECTED LOCATION(S)
- (At all employer locations covered by this contract.)* *(All employees, including bargaining unit members, where this contract applies.)*

16. NAME AND TITLE OF OFFICIAL FILING THIS NOTICE _____
17. SIGNATURE AND DATE _____

PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is 10 minutes per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Office of General Counsel, Federal Mediation and Conciliation Service, 250 E Street SW, Washington, DC 20427 or the Paperwork Reduction Project 3076-0003, Office of Management and Budget, Washington, DC 20503.

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FMCS will only provide you with an electronic receipt if you submit the F-7 form electronically at: www.fmcs.gov. All correspondence concerning F-7 notices should be directed to: **Federal Mediation & Conciliation Service, Notice Processing, 250 E Street SW, Washington, DC 20427**. You may also contact FMCS by fax (202) 606-4253 or by telephone (202) 606-5499. Do not send copies of this notice to any other FMCS office. Be aware that you may also be required to notify your state or territorial mediation agency and that FMCS will not forward copies to these agencies. Visit www.fmcs.gov for a link to state and territorial mediation agencies.

Receipt of this form does not constitute a request for mediation nor does it commit FMCS to offer its facilities. Use of this form is voluntary but is strongly encouraged to facilitate our service to respondents. Maintain a copy of this notice for your files.

- Line 1 Indicate if the notice concerns 1) a renegotiation of an existing contract, 2) a voluntary or previously agreed upon contract reopening, or 3) an initial contract. If the notice concerns a renegotiation, provide the date on which the contract expires. If the notice concerns reopening an existing contract, provide both the contract expiration date and the date on which the contract is scheduled to reopen.
- Line 2 Indicate the industry that best describes the employer's line of business (not the occupation of the bargaining unit members) from the list at the bottom of this page. These numbers are the same as the first two digits of the North American Industry Classification System (NAICS). Check the health care industry box if the employer is a hospital, nursing home or other facility as defined by the National Labor Relations Act.
- Line 3 Indicate whether the employer or the union is filing this notice.
- Line 4 Spell out the employer's full name. Do not use an abbreviation or acronym unless this is the official spelling of the employer's name. Indicate the unit designation (e.g., Janitors) if more than one contract between the employer and union exist at this location. If the employer is a labor union, please include the local number.
- Line 5 Provide a complete street address, city, state and 5-digit ZIP code for the employer. Use the second address line for a floor, suite or room number.
- Lines 6 & 7 Provide the full name and title of the official who will represent or is a contact for the employer in this negotiation, including his or her phone and fax numbers and e-mail address.
- Line 8 Use the union's full name or use the commonly accepted abbreviation or acronym. Also indicate whether this is a chapter, lodge, council, district, division, branch, or local union and provide its identifying number (e.g., Chapter 123).
- Line 9 Provide a complete street address, city, state and 5-digit ZIP code for the employer. Use the second address line for a floor, suite or room number.
- Lines 10 & 11 Provide the full name and title of the official who will represent or is a contact for the union in this negotiation, including his or her phone and fax numbers and e-mail address.
- Line 12 Enter the city, state and ZIP code that best describes the physical location of the affected establishment. This is typically the same as the employer address. If this contract is statewide, only use the state field. For multi-state or national contracts indicate "US" in the state field.
- Line 13 Indicate the city, state and ZIP code of the location where the contract negotiations will most likely be held. Leave this line blank if the location will be the same as indicated in Line 12.
- Line 14 Indicate the total number of bargaining unit members covered by this contract at all employer locations.
- Line 15 Indicate the total number of all employees, including bargaining unit members, employed at all employer locations where this contract applies. This number is usually greater than Line 14.
- Lines 16 & 17 Provide the full name and title of the person submitting this form, along with their signature and the date the form was completed.

Industry Codes	
21. - Mining, Quarrying and Oil & Gas Extraction	53. - Real Estate and Rental & Leasing
22. - Utilities	54. - Professional, Scientific and Technical Services
23. - Construction	56. - Administrative & Support and Waste Management Services
31. - Manufacturing	61. - Educational Services
42. - Wholesale Trade	62. - Health Care and Social Assistance
44. - Retail Trade	71. - Arts, Entertainment and Recreation
48. - Transportation and Warehousing	72. - Accommodation and Food Services
51. - Information	81. - Personal & Repair Services and Private Organizations (incl. Unions)
52. - Finance and Insurance	92. - Public Administration