FMCS Form R-43 Rev. September 2019

## FEDERAL MEDIATION AND CONCILIATION SERVICE WASHINGTON, DC 20427

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Phone: (202) 606-5111

REQUEST FOR ARBITRATION PANEL

Email requests with payment information to: <a href="mailto:arbitration@fmcs.gov">arbitration@fmcs.gov</a> You may file this form electronically at: arbitration.fmcs.gov 1. EMPLOYER Company Name: (Initial) Representative Name: (Last) (First) Street: City: Zip Code: State Phone: Fax: E-mail: 2. UNION Union Name: Representative Name: (Last) (First) (Initial) Street: Zip Code: City: State Phone: Fax: E-mail: 3. Site of Dispute City: Zip Code: State \*Required for Metropolitan Selection Select the panel of arbitrators from below or see "Special Requirements" on page 2. See page 3 for Geographic Designations ☐ Regional (map pg3) ☐ Sub-Regional ☐ Metropolitan ☐ 125 mile radius from site of dispute. ☐ 60 mile radius from site of dispute. 5. Type of Issue: A panel of (7) names is usually provided. If this is a unilateral request, you must attach your relevant contract language 6. Panel Size: which specifies a different number or "certify" on Page 2 that both parties have agreed to the number specified. 7. **Type of Industry:** Private Sector State or Local Government Federal Government \$35.00 IF FILED AT arbitration.fmcs.gov OR 8. Payment Options: \$70.00 per panel Check or Money Order Name on Account: Type: Personal Checking Business Checking (SEE DISCLOSURE STATEMENT ON PAGE TWO IF PAYMENT IS BY CHECK.) ABA Routing Number: Check to split payment evenly **□** VISA **■ MASTERCARD □** DISCOVER PREPAID ACCOUNT Name (1) Paid By: Employer Union Amount: Card Number: Expires Month: Expires Year: Paid By: Employer Union Amount: Name (2) Card Number: Expires Month: Expires Year: ALC for Federal Agencies: ALC# Prepayment# 9. Requestor Name: On behalf of: Employer Union

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 3076-0002, Office of Management and Budget, Washington, DC 20503.

## REQUEST FOR ARBITRATION PANEL

SP	ECIAL REQUIREMENTS
	ast be "CERTIFIED" as jointly agreed AND signed below.  Il NOT be honored without proper certification.
☐ Select panel from Nationwide	
EXPEDITED ARBITRATION under FM (See FMCS Arbitration Policies and Proce Arbitration.)	MCS Procedures dures, Subpart D, Section 1404.17 for specific requirements for Expedited
ORGANIZATIONS or CERTIFICATIONS	<b>S</b> :
Attorney AAA (American Arbitration Ass	oc.) Industrial Engineer NAA (National Academy of Arbitrators)
SPECIALIZATIONS: Industry Specialization:	
Issue Specialization:	
ADDITIONAL REQUIREMENTS: (For e	xample, geographical restrictions, exclusions of arbitrators)
Arbitration" is requested, you MUST certify that al requests. If your contract contains these "Special R	st of a single party. If "Special Requirements" are listed or "Expedited I parties jointly agree to these requests. This also applies to additional panel requirements," including "Expedited Arbitration," submit a copy of the panel should not be construed as anything more than compliance with a itrability of the issue(s) in dispute.
I certify that the above is jointly agreed.	
Name:	Signature

## NOTICE TO CUSTOMERS MAKING PAYMENT BY CHECK

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to scan your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process your original check.

Insufficient Funds: The electronic fund transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic fund transfer cannot be completed because of insufficient funds, we will not resubmit the check information for electronic fund transfer. Your bank may charge you a fee for insufficient funds.

Transaction Information: The electronic fund transfer from your account will be on the account statement you received from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under a Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

## GEOGRAPHIC DESIGNATIONS HAVE CHANGED

A "regional" designation is still based on the map of regions (See map below). A "sub-regional" designation means the panel will be drawn from among arbitrators with an office address within 250 miles of the site of the dispute. A "metropolitan" designation means the panel will be drawn from among arbitrators within 125 miles if you submit using this pdf form. If you use our online system, you can also select a metropolitan panel from within 60 miles of the dispute.

