

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD  
PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20 , ALBANY, NEW YORK 12220-0074  
[WWW.PERB.NY.GOV](http://WWW.PERB.NY.GOV)

VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE  
DEMAND FOR ARBITRATION

**INSTRUCTIONS:** Complete in full, retain one copy and distribute as follows: A) **SERVE** one copy upon respondent in the same manner as a summons or by registered or certified mail; return receipt requested; B) **FILE** an original and one (1) copy with the **Director of Conciliation, NYS PERB, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, ALBANY, New York 12220-0074**, along with a **\$50 filing fee** in the form of a check or money order made payable to the **STATE OF NEW YORK**.

DATE: \_\_\_\_\_

**EMPLOYER**

Name of Employer . . . . . \_\_\_\_\_

Name, Title, Address, E-Mail,  
Telephone and Fax Number of the  
Representative to whom PERB  
should direct correspondence \_\_\_\_\_  
\_\_\_\_\_

(E-mail) \_\_\_\_\_

(Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_

**LABOR/EMPLOYEE ORGANIZATION**

Name of Organization . . . . . \_\_\_\_\_

Name, Title, Address, E-Mail,  
Telephone and Fax Number of the  
Representative to whom PERB  
should direct correspondence \_\_\_\_\_  
\_\_\_\_\_

(E-mail) \_\_\_\_\_

(Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_

**IDENTIFY PETITIONER (check one):**

**EMPLOYER**

**LABOR/EMPLOYEE ORGANIZATION**

**IDENTIFY TYPE OF PANEL REQUESTED (check one):**

**PUBLIC SECTOR VOLUNTARY GRIEVANCE ARBITRATION PANEL**  
Available only to public sector employers and employee organizations.

**PRIVATE SECTOR REGULAR GRIEVANCE ARBITRATION PANEL**  
Available only to private sector employers and labor organizations.

**PRIVATE SECTOR DIRECT APPOINTMENT PRO BONO PANEL**  
Available only to private sector employers and labor organizations, whose  
collective bargaining agreement specifically provides for this service.

PLEASE COMPLETE THE FOLLOWING, USING ADDITIONAL SHEETS IF NECESSARY:

1. Effective date and expiration date of the agreement: \_\_\_\_\_ to \_\_\_\_\_.  
(Mo./Day/Yr.) (Mo./Day/Yr.)

2. Identify the provision(s) in the agreement providing for arbitration and attach a copy thereof:

3. Identify the provision(s) in the agreement claimed to be violated and attach a copy thereof (use additional sheet(s) if necessary):

4. Write a clear and concise description of the nature of the dispute(s) to be arbitrated and the remedy(ies) sought (include the name(s) of the grievant(s)) (use additional sheet(s) if necessary):

5. Is proof of service of this Demand for Arbitration on the Respondent attached hereto?  Yes  No

THE UNDERSIGNED, A PARTY TO A WRITTEN AGREEMENT WHICH PROVIDES FOR ARBITRATION AS IDENTIFIED ABOVE, HEREBY DEMANDS ARBITRATION. YOU ARE HEREBY NOTIFIED THAT COPIES OF THIS DEMAND FOR ARBITRATION ARE BEING FILED WITH THE DIRECTOR OF CONCILIATION, NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, ALBANY, NEW YORK 12220-0074, WITH THE REQUEST THAT AN ARBITRATOR BE DESIGNATED IN ACCORDANCE WITH THE BOARD'S ESTABLISHED PROCEDURES AND POLICIES.

IN ACCORDANCE WITH SECTION 7503(c) OF THE CIVIL PRACTICE LAW AND RULES (CPLR):  
"UNLESS THE PARTY SERVED APPLIES TO STAY THE ARBITRATION WITHIN TWENTY DAYS AFTER SUCH SERVICE HE SHALL THEREAFTER BE PRECLUDED FROM OBJECTING THAT A VALID AGREEMENT WAS NOT MADE OR HAS NOT BEEN COMPLIED WITH AND FROM ASSERTING IN COURT THE BAR OF A LIMITATION OF TIME."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date