

**Public Employment Relations Board
80 Wolf Road, Suite 500
Albany, NY 12205-2656**

RESUME OF PANEL ARBITRATOR

FULL NAME: Howard G. Wien

CITY, STATE, ZIP: New York, NY 10006

OCCUPATION: Attorney

EDUCATION:

1989 Bachelor of Arts, State University of New York- University Center at Binghamton
1994 Juris Doctor, Benjamin N. Cardozo School of Law

PROFESSIONAL AFFILIATIONS:

Attorney, admitted in the New York State Courts, the United States District Courts for the Southern, Eastern and Northern Districts of New York and the United States Court of Appeals for the Second Circuit
Member, New York County Lawyers Association

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

New York State Employment Relations Board Regular Panel Member (Board now merged with Public Employment Relations Board); Contract interpretation and disciplinary arbitration in building service, maintenance, construction and manufacturing industries.

MEDIATION & FACT-FINDING EXPERIENCE:

Certified Community Mediator - Brooklyn Mediation Center (1994)

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

Commissioner, Yonkers, New York Commission on Human Rights (2004-2006)

PER DIEM FEE: \$ 1,000.00

ADJOURNMENT FEE: \$ 1,000.00

SUBMITTED BY ARBITRATOR WIEN ON MAY 17, 2011

Public Employment Relations Board
80 Wolf Road, Suite 500
Albany, NY 12205-2656

BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: **Howard G. Wien**

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1,000.00 for each day or any part thereof spent hearing a case.

(2) If a hearing day exceeds _____ hours, I charge:

a second full per diem

a prorated per diem

no additional charge

other (describe) :

(3) Additional comments:

B) STUDY TIME.

(1) I charge \$ 1,000.00 for each day spent in preparation of the opinion and award.

(2) This charge will will not be prorated for partial days devoted to such preparation.

(3) Additional comments:

C) TRAVEL TIME AND EXPENSES.

(1) When travel time plus hearing time exceeds _____ hours in a calendar day:

Not applicable (no additional charge)

I charge as follows (describe):

(2) I charge for actual, travel-related expenses incurred in connection with the case YES NO.

Where appropriate, a mileage charge for auto travel will be billed at:

Prevailing IRS rate

Other (describe): not applicable

(3) When the scheduled hearing day(s) requires an overnight stay:

There is no charge, other than for lodging and subsistence.

I charge as follows (describe):

(4) Additional Comments:

D) POSTPONEMENT OR CANCELLATION FEES.

A fee of \$ 1,000.00 will be charged unless I receive notice of a postponement or cancellation:

Within 14 calendar days of the scheduled hearing date

Other (describe):

E) ADDITIONAL CHARGES. I charge separately for expenses incurred in connection with the following:

Docketing (describe): Yes No

Duplication Yes No

Fax Yes No

Finance or late payment charge (describe): Yes No

Postage Yes No

Secretarial Yes No

Telephone Yes No

Other (describe):

F) GENERAL TERMS.

(1) Billing for fees and expenses will be divided equally between the parties unless otherwise required by the collective bargaining agreement or the conditions of the appointment.

(2) Other conditions (describe):

G) OTHER INFORMATION/COMMENTS:

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IMPORTANT

THIS FORM IS NOT INTENDED TO SUGGEST THE SERVICES FOR WHICH AN ARBITRATOR SHOULD OR SHOULD NOT CHARGE. IT PRESENTS THE MOST RECENT INFORMATION PROVIDED BY THE NAMED ARBITRATOR TO THE NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, WHICH BEARS NO RESPONSIBILITY FOR ERRORS OR OMISSIONS CONTAINED ON THE FORM, OR FOR VARIANCES IN ACTUAL PRACTICE BY THE ARBITRATOR.