RESUME OF PANEL ARBITRATOR

ELLIOTT D SHRIFTMAN, ESQ.  Occupation: ARBITRATOR/MEDIATOR/FACT-FINDER
SOUTHAMPTON, NY  11969-1408

EDUCATION:

B.A., UNIVERSITY OF RHODE ISLAND (1971)
J.D., HOFSTRA UNIVERSITY SCHOOL OF LAW (1974)

PROFESSIONAL AFFILIATIONS:

National Academy of Arbitrators; Labor and Employment sections of the New York State Bar Association and Bar Association of Nassau County; American Arbitration Association; ACR; IRRA.

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Full-time arbitrator since 1986. Received over 2000 designations. Permanent Arbitrator in many industries including: Hotel Association of NYC/Hotel Trades Council; Nassau County/Nassau Local CSEA; Major League Baseball/Major League baseball Players Association; NYC Bus Coalition/Local 1181-1061 ATU. Named in over one hundred (100) collective bargaining agreements as panel arbitrator. Hearings have involved issues covering the full spectrum of arbitral matters. Have also served as Interest arbitrator.

MEDIATION & FACT FINDING EXPERIENCE:

Have received numerous designations as mediator and fact-finder in both private and public sectors.

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

Represented both management and union clients as well as jointly-trusted employee benefit funds prior to becoming an arbitrator.

PER DIEM FEE:  $1,900

ADJOURNMENT FEE:  $1,900 within 21 days of hearing date

SIGNED AND SUBMITTED BY ARBITRATOR SHRIFTMAN ON OCTOBER 7, 2010
ARBITRATOR’S NAME: ELLIOTT D SHRIFTMAN

The following is a description of my fees and expenses:

A) HEARING TIME.

   (1) My per diem is $1,900 for each day or any part thereof spent hearing a case.

   (2) If a hearing day exceeds 6 hours, I charge:

          _____ a second full per diem   X  a prorated per diem

          ____ no additional charge   _____ other (describe)

   (3) Additional comments:

B) STUDY TIME.

   (1) I charge $1,900 for each day spent in preparation of the opinion and award.

   (2) This charge X 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 ___7___ hours in a calendar day:

          ____ Not applicable (no additional charge)

          X  I charge as follows (describe): pro-rata

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

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

       X  Prevailing IRS rate  ____ Other (describe):

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

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

          X  I charge as follows (describe): travel time to and from hearing locale when necessary to

                       travel the day before, on (allowing 6 work hours) or after hearing

   (4) Additional Comments:
D) POSTPONEMENT OR CANCELLATION FEES.

A fee of $1,900 will be charged unless I receive notice of a postponement or cancellation:

_____ X _____ Other (describe):

Within _21_ calendar days of the scheduled hearing date

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

Docketing (describe): ________________________________ _____ Yes  X  No

Duplication .......................................................... _____ Yes  X  No

Fax .......................................................... _____ Yes  X  No

Finance or late payment charge (describe): __________ _____ Yes  X  No

Postage .......................................................... _____ Yes  X  No

Secretarial .................................................. _____ Yes  X  No

Telephone .................................................. _____ Yes  X  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): late cancellations are charged to the party cancelling the hearing unless the parties have agreed to split the fee

G) OTHER INFORMATION/COMMENTS: Parties are urged to provide email address and cell phone number for all representatives,

SIGNED AND SUBMITTED BY ARBITRATOR SHRIFTMAN ON OCTOBER 7, 2010

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.