A-1 (8/2006)

DO NOT WRITE IN THIS SPACE

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506
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REQUEST FOR GRIEVANCE ARBITRATION

Instructions: Other side of this form (Page 2) Applicable Rules: Chapters 391-08 and 391-65 WAC.

1. PARTIES

The employer and/or employee organization request arbitration of a grievance.

EMPLOYER		**ATTORNEY OR REPRESENTATIVE**	
CONTACT PERSON		ADDRESS	
ADDRESS			
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE	ext.	TELEPHONE	ext.
FAX		FAX	
E-MAIL		E-MAIL	
EMPLOYEE ORGANIZATION		**ATTORNEY OR REPRESENTATIVE**	
CONTACT PERSON		ADDRESS	
ADDRESS			
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE	ext.	TELEPHONE	ext.
FAX		FAX	
E-MAIL		E-MAIL	

EMPLOYER'S PRINCIPLE BUSINESS _____ **DEPARTMENT OR DIVISION INVOLVED** _____ **NUMBER OF EMPLOYEES INVOLVED** _____

DESCRIPTION OF BARGAINING UNIT *Indicate inclusions, exclusions, contract page or case/decision number.*

COLLECTIVE BARGAINING AGREEMENT A copy of the applicable collective bargaining agreement is attached.

ARBITRATOR'S DECISION The parties agree that the arbitrator's decision shall be final and binding upon them, and may be enforced by a court.

ECONOMIC ACTION WITHHELD The parties agree that there shall be no strike or lockout on any matter submitted for arbitration.

2. GRIEVANCE

The grievance to be determined by the arbitrator is as follows.

3. DESIGNATION OF REQUEST

The arbitration services requested from the Commission are as follows.

- ☐ JOINT REQUEST FOR ASSIGNMENT OF AN ARBITRATOR FROM THE COMMISSION'S STAFF (WAC 391-65-070); OR
- ☐ SUPPLY A LIST OF _____ ARBITRATORS FROM THE DISPUTE RESOLUTION PANEL (WAC 391-55-110)

4. AUTHORIZED SIGNATURES

FOR EMPLOYER				FOR EMPLOYEE ORGANIZATION			
PRINT NAME		TITLE		PRINT NAME		TITLE	
SIGNATURE		DATE		SIGNATURE		DATE	