

— REQUEST FOR ARBITRATION PANEL —

Please email form to eab.elections@eab.iowa.gov

I. GRIEVANCE ARBITRATION PANEL REQUESTED.

The undersigned state(s) that a grievance has been filed and the parties listed below request the Board provide an arbitration panel.

II. THE PUBLIC EMPLOYER AND ITS REPRESENTATIVE.

(Please type or print)

A. Employer: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

B. Employer's rep: _____ Bus/Cell ph: _____

Address: _____
(street) (city) (state) (zip) (E-mail address)

III. THE EMPLOYEE ORGANIZATION AND ITS REPRESENTATIVE.

(Please type or print)

A. Employee organization: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

B. Organization's rep: _____ Bus/Cell ph: _____

Address: _____
(street) (city) (state) (zip) (E-mail address)

IV. CERTIFICATE.

(signature of representative)

(signature of representative)

For: _____

For: _____

Date: _____

Date: _____

(signature of public employee, if applicable)

Date: _____