

OFFICIAL REQUEST FOR GRIEVANCE ARBITRATION

- Include \$200.00 Filing Fee With This Form (No Personal Checks)
- Complete one form for each grievance
- Send original to State Board of Mediation and Arbitration
- Send copy to employer/employee organization

<p>LABOR DEPT. USE ONLY (4/24)</p> <p>CASE NO. _____</p> <p>Mediator Name: _____</p>

STATE BOARD OF MEDIATION AND ARBITRATION

38 Wolcott Hill Road, Wethersfield, CT 06109 (860) 263-6880

NAME OF GRIEVANT(S) _____ **Grievance No.** _____

EMPLOYEE ORGANIZATION INFORMATION:

Union Name: _____

Local No.: _____

Official: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

REPRESENTATIVE FOR EMPLOYEE ORGANIZATION:

Name: _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

EMPLOYER INFORMATION:

Employer: _____

Official : _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

REPRESENTATIVE FOR EMPLOYER:

Name: _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

FOR SBMA PROCESSING PURPOSES ONLY, DESCRIBE THE NATURE OF THIS GRIEVANCE:

Suspension (include length): _____ Layoff: _____ Termination: _____

Other: _____

PROCEDURE SELECTED: Tripartite Panel: _____ OR: Expedited (Single Arbitrator): _____
 (If expedited, neutral arbitrator choice is _____)

IN-PERSON HEARING _____ **OR VIRTUAL HEARING** _____

MEDIATION REQUESTED: _____(YES) _____(NO)

FILED BY: _____ **Print Name:** _____
 (Signature)

Date: _____ **Title:** _____

LABOR DEPT. USE ONLY

(SBMA Date Stamp Only)

Employee Org. Check No. _____ Date Received _____

Employer Check No. _____ Date Received _____

Panel Member(s) _____

Hearing Date(s) _____

Disposition _____ Date Closed _____