

FEDERAL MEDIATION AND CONCILIATION SERVICE  
Washington, DC 20427

FMCS Form R-19  
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Fax: (202) 606-3749

Form Approved  
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ARBITRATOR'S REPORT AND FEE STATEMENT

FMCS Case # \_\_\_\_\_ ARBITRATOR \_\_\_\_\_ DATE OF AWARD \_\_\_\_\_

I. EMPLOYER \_\_\_\_\_ II. UNION \_\_\_\_\_

III. ISSUES (Please check either a or b, and complete c and d)

a. New or reopened contract terms b. Contract interpretation or application

c. Was arbitrability of grievance involved? Yes No

(If YES, check one or both) Procedural Substantive

d. Issue or Issues (Please check only one issue per grievance)

- 1. Affirmative Action 18. Management Rights
2. Absenteeism 19. Official Time
3. Arbitrability 20. Past Practices
4. Bargaining Unit Work 21. Pension and Welfare Plans
5. Conduct (Off-Duty/Personal) 22. Pension Claim (Federal Statute)
6. Demotion 23. Promotion
7. Discipline (Non-Discharge) 24. Retirement
8. Discipline (Discharge) 25. Safety/Health Conditions
9. Discrimination (Any type) 26. Seniority
10. Fringe Benefits 27. Sexual Harassment
11. Grievance Mediation 28. Strikes/Lockouts, Work Stoppages/Slowdowns
12. Health/Hospitalization 29. Subcontracting/Contracting Out
13. Hiring Practice 30. Tenure/Reappointment
14. Job Performance 31. Wages (Overtime, Holiday pay, etc.)
15. Job Posting/Bidding 32. Work Hours/Schedules/Assignments
16. Jurisdictional Dispute 33. Working Conditions/Work Orders
17. Layoffs/Bumping/Recall 34. Violence or Threats

IV. HEARING

a. Were briefs filed? YES NO If YES, give date \_\_\_\_\_ b. Was transcript taken YES NO
c. No. of Grievances heard: \_\_\_\_\_ d. Date of hearing: \_\_\_\_\_ e. Date of grievance: \_\_\_\_\_
f. Extension granted by either party on initial award date? YES NO

V. FEES AND DAYS FOR SERVICES AS AN ARBITRATOR:

# OF DAYS: Hearings + Travel + Study = Total X \$ Per Diem Rate = \$ Total Fee

EXPENSES: Transportation: \$ + Other: \$ = \$ Total Expenses

Amt. Payable by Company: \$

Amt. Payable by Union: \$

VII. Cancellation Fee Only: \_\_\_\_\_

VI. Panel: If tripartite panel or more than one arbitrator made the award, check here:

VIII. DATE of this Report: \_\_\_\_\_ Signature: \_\_\_\_\_

PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is 30 minutes per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Director of Arbitration Services, Federal Mediation and Conciliation Service (FMCS) 2100 K Street, N.W., Washington, DC 20427. Persons are not required to respond to this collection of information unless it displays the currently valid OMB control number.