

MAIL TO:
NOTICE PROCESSING UNIT
FEDERAL MEDIATION AND CONCILIATION SERVICE
2100 K STREET, N.W.
WASHINGTON, DC 20427

TO YOUR STATE OR TERRITORIAL MEDIATION AGENCY:

AND

You are hereby notified that written notice of proposed termination or modification of the existing collective bargaining contract was served upon the other party to this contract and that no agreement has been reached.

Type of Notice: Existing Contract Initial Contract Grievance

1. IF THIS IS A HEALTHCARE INDUSTRY NOTICE : PLEASE INDICATE (MARK "X") <input type="checkbox"/> INITIAL CONTRACT <input type="checkbox"/> EXISTING CONTRACT	2. Mark "X" AND DATE(S): <input type="checkbox"/> CONTRACT REOPENER REOPEN DATE (Month/Day/Year) ___/___/___ To be filled in only if existing contract provides for reopening for specific changes during its term or if voluntary reopener EXPIRATION DATE (Month/Day/Year) ___/___/___
	<input type="checkbox"/> CONTRACT EXPIRATION EXPIRATION DATE (Month/Day/Year) ___/___/___

3. NAME OF EMPLOYER NAME/ASSOCIATION/ORGANIZATION (IF MORE THAN ONE, ATTACH A LIST OF NAMES AND ADDRESSES.)

EMPLOYER NAME: _____

4. Street Address: _____

City: _____ State: _____ Zip Code: _____

5. Name of Employer Representative: _____ Title: _____

6. Phone: () _____ Fax: () _____ E-mail Address: _____

7. NAME OF INTERNATIONAL UNION OR PARENT BODY _____

8. UNION NAME: _____ DISTRICT # _____ COUNCIL # _____ LOCAL/LODGE # _____

9. LU Street Address: _____ City: _____ State: _____ Zip Code: _____

10. LU Official to Contact: _____ Title: _____

11. Phone: () _____ Fax: () _____ E-mail Address: _____

12A. LOCATION OF AFFECTED ESTABLISHMENT-CITY: _____ STATE: _____ ZIP CODE: _____

12B. LOCATION OF NEGOTIATIONS (IF DIFFERENT FROM 12A) CITY: _____ STATE: _____ ZIP CODE: _____

13. NO. OF EMPLOYEES COVERED BY THIS CONTRACT 14. TOTAL NO. EMPLOYED AT AFFECTED LOCATION(S)

15. INDUSTRY AND/OR TYPE OF BUSINESS _____ 16. PRINCIPAL PRODUCT OR SERVICE _____

17. THIS NOTICE IS FILED ON BEHALF OF THE: (MARK "X") UNION EMPLOYER

18. TYPE OF NEGOTIATIONS (MARK "X") <input type="checkbox"/> SINGLE ESTABLISHMENT <input type="checkbox"/> MULTI-PLANT <input type="checkbox"/> AREA OR INDUSTRY WIDE <input type="checkbox"/> MULTI-EMPLOYER <input type="checkbox"/> OTHER (SPECIFY) _____	19. TYPE OF EMPLOYEES COVERED (MARK "X") FOR ALL THAT APPLY <input type="checkbox"/> PROFESSIONAL/TECHNICAL <input type="checkbox"/> CLERICAL <input type="checkbox"/> PRODUCTION/MAINTENANCE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> OTHER (SPECIFY) _____
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20. NAME AND TITLE OF OFFICIAL FILING NOTICE _____ 21. SIGNATURE AND DATE _____

INSTRUCTIONS FOR COMPLETING THE FORM F-7

Mail all F-7 Forms to the **Federal Mediation and Conciliation Service**, Notice Processing Unit, 2100 K Street, NW, Washington, DC 20427. Do not send copies to any other FMCS Office. You must forward a copy of this form to your State or Territorial Mediation Agency, if appropriate. FMCS will not forward copies to these agencies. Receipt of this form does not constitute a request for mediation nor does it commit FMCS to offer its facilities. Receipt of this notice will not be acknowledged in writing by FMCS. Use of this form is voluntary and will facilitate our service to respondents. Maintain a copy for your files.

- Line 1: Please check only if the employer provides **HEALTH CARE SERVICES**.
- Line 2: Provide **CONTRACT EXPIRATION DATE**. If Notice is submitted for a **CONTRACT REOPENER**, provide both dates. Check the appropriate box for which you are submitting this form.
- Line 3: Give complete name of employer. Spell out the full name. Do not use abbreviations. If the employer has only abbreviations in its name, please write "abbreviations only" after the name.
- Line 4: Provide a complete address for the employer, including room and suite numbers.
- Lines 5/6: Provide the name of the official who represents the employer, including the phone and fax numbers and e-mail address.
- Line 7: Provide the name of the International Union or Parent Body. If an independent union, provide full name even if Line 8 is repeated.
- Line 8: For unions identified on Line 7, please use the appropriate numbers for the union's **DISTRICT, COUNCIL**, and/or **LOCAL/LODGE**.
- Lines 9/10 & 11: Provide complete addresses, including room numbers. Please include e-mail addresses, if available.
- Line 12: If the company is the same location as the address on Line 4, put "**SAME AS ABOVE**"; if different, please provide where the negotiations will most likely occur. Do not include the hotel, motel or meeting room. **Give only the city, state and zip code.**
- Lines 13/14: The numbers contained in Lines 13 and 14 are rarely the same. There are usually supervisors, clerical, sales or other employees at the same location who: 1) are not union members; 2) are members of other unions; or 3) may be members of this union but covered under another contract.
13: If you are unable to estimate the total number employed at the affected locations (union and non union combined, please leave blank rather than duplicating the information provided in Line 14.
- Line 15: Please provide information on the industry of the employer listed on line 3. (You may use the industry listing below.) Do not provide information on what the bargaining unit does.
- Line 16: Please provide information on what product or service the employer on Line 3 provides. Again, do not provide information on what the bargaining unit does.
- Line 17: Please indicate whether the **employer** or the **union** is filing this notice.
- Lines 18/19: Please check the block that is most appropriate.
- Lines 20/21: Self-Explanatory.

INDUSTRY LISTING

A= Mining, Coal	K = Maritime
B= Mining, Other	L = Healthcare
C =Construction	P = Federal Government
D =Petro Chemicals	Q = State Government
E = Manufacturing	R = Local Government
F = Transportation	S = Other
G =Communications	T = Food Manufacturing/Processing
H =Electricity/Natural Gas	U = Food Retail Sales/Distribution
J = Retail/Wholesale/Service	X = Unknown