

FEDERAL MEDIATION AND CONCILIATION SERVICE
Washington, DC 20427

FMCS Form R-19
Revised January 2003
Fax: (202) 606-3749

Form Approved
OMB No. 3076-0003
Expires 12-31-2010

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: _____ + _____ + _____ = _____ X \$ _____ = \$ _____
Hearings Travel Study Total 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.