

FEDERAL MEDIATION AND CONCILIATION SERVICE

FMCS Form R-19
Revised March 2022
Fax: (202) 606-3749

ARBITRATOR'S REPORT AND FEE STATEMENT

Form Approved
OMB No. 3076-0003
Expires XX-XX-XXXX

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: _____

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