FMCS F-7 Notice Submission Form

F-7 Notice To the Federal Mediation and Conciliation Service

OMB NO. 3076-0004

Expires 12-31-2027

FMCS accepts the "FMCS F-7 Notice" as required by Section 8(d)(3) of the National Labor Relations Act (NLRA). Please note that FMCS does NOT send F-7 notices to State agencies. You can view the NLRA here directly on the National Labor Relations Board (NLRB) website.

When submitted, this online form provides you with a confirmation number for proof of submission and future reference. Please retain your confirmation number to reference in future communication with FMCS personnel.

NOTES:

1. **A copy of the F-7 notice and confirmation number that you receive will be sent to the official filer and the chief negotiators/representatives of both parties via email.**
2. **FMCS is not responsible for inaccurate information entered into this form.**
3. **Internet Explorer is no longer supported by this form. To ensure proper submission, please use any current browser (i.e., Edge, Chrome, Firefox, Safari, etc.).**
4. **FMCS no longer accepts F7 Notice submissions by phone, fax, mail or email.**

*** = required field**

Please avoid typographic errors to avoid processing delays. Please do not use all capital letters when completing the form.

Notice Background

This notice is filed by the * **(select)**

Union Employer

Employer Information

Organization Name* **(text entry or select organization name from drop down of over 5000 organization names in the FMCS database)**

Address Line 1 *

Address Line 2

City *

State* (all states/provinces listed)

Zip Code*

Employer Web Site

Employer Industry or Work Activity * (select) Health Care entities treating patients (including hospitals, nursing and care facilities, clinics, HMOs, ambulatory care, etc.), Manufacturing, Construction, Natural Resources (including agriculture, mining, energy extraction, refining, etc.) Transportation and Warehousing, Wholesale Trade, Retail Trade, Accommodation and Food Services, Utilities and Power Generation, Telecommunications & Information (including publishing, internet, data processing, and related services), Real Estate/Property (including development, management, sales, rental and leasing), Professional, Scientific, Financial, Business, and Organizational Services Education Arts, Entertainment, Leisure, and Recreation, Non-Profit Organization, Other Industry Not Specified Above

Employer Work Sector*(select):Private Sector, Federal Sector (pop-up if selected), Public Sector (pop-up if selected)

Federal Sector Pop-Up: The Federal Sector (agencies or related unions) should not file an F-7. If you need mediation assistance in your negotiations, please see our Service Request Form [embedded link].

Public Sector Pop-Up: The Public Sector (municipality, city, county, or state) should not file an F-7. If you need mediation assistance in your negotiations, please see our Service Request Form [embedded link].

To expedite your request, please provide the following information:
1. Your contact information.
2. Your L/M counterpart's contact information.
3. Type of service requested (contract or grievance mediation, training, other and explain).
4. Location (city/state) of the bargaining unit.
5. Will the parties be in-person or virtual.
6. Number of people expected to attend.

Critical Infrastructure
Pursuant to 42 U.S.C. § 5195c(e), critical infrastructure is defined as “systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.”

Does this request pertain to services involving critical infrastructure? * (list of options)

Employer Chief Negotiator or Labor Relations Director

First Name *

Last Name *

Business Email *

Confirm Email *

Primary Phone *

Ext

CBA and Bargaining Unit Information

Type of Upcoming Negotiation* (select) Successor Contract (*Expiring existing contract*), Contract Re-Opener (*Mid-term re-opener of existing contract)*, Initial Contract (*Initial or First contracts usually do not file. This may cause a duplication in the system since we are already notified by the NLRB. These cases will be assigned to a mediator if they meet the current criteria / metrics for case assignment. If you need a mediator, email us at clientservices@fmcs.gov and indicate that your mediator request is related to an initial contract and who the involved parties are.*)

Estimated Bargaining Unit Size *

Contract Expiration Date * (appears if Successor Contract or Contract Re-Opener is selected)

Contract Reopen Date* (appears if Contract Re-Opener is selected)

Location of Negotiation

City *

State * (all states/provinces listed)

Zip Code *

Union Information

Union Full Name * (**drop down of over 5000 union names in the FMCS database or text entry via selection of "Other")**

Union Unit Number: **(Local, Lodge, District, Chapter, etc.)**

Address Line 1 *

Address Line 2

City *

State * (all states/provinces listed)

Zip Code *

Primary Function of Bargaining Unit Employees (Nurses, Janitors, Clerks, Bldg. Engineers, etc.)

Union Chief Negotiator or Business Agent

First Name *

Last Name *

Business Email *

Confirm Email *

Primary Phone *

Ext

Official Filing This Notice

First Name *

Last Name *

Title *

Business Email *

Confirm Email *

Primary Phone *

Ext

Attachment

If you need to submit more than one notice, please download the template here. Complete all fields in each row for every additional notice you need to submit. After filling out the template, save the template as a .csv file and upload the file by clicking the "**Choose File**" button below.

NOTE:

1. Please do not change the headers in the .csv template. If you modify the headers, the subsequent file may not generate correctly.
2. You may submit both a .csv file following the provided template and a PDF file if you are submitting a packet of letters.

   Choose File button (the file chosen or "No file chosen" will appear next to the button)

Final Instructions

Please be patient while submitting your F-7 to FMCS. **Do not click the "Submit" button more than once.** Doing so may cause a duplicate submission and no confirmation page.

If you do not receive a confirmation number, we did not receive your notice. In this event, please contact FMCS at F7notice@fmcs.gov.

Privacy Act Statement. 29 U.S.C. § 172, et seq., authorize the FMCS to require the reporting of this information. The primary use of the information on this form is to allow FMCS officials to provide mediation services. Additional disclosures of the information on this report may be made: (1) to a Federal, State, or local law enforcement agency if FMCS becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to the National Archives and Records Administration or the General Services Administration in record management inspections; (4) to the Office of Management and Budget during legislative coordination on private relief legislation; and (5) in a judicial or administrative proceeding if the information is relevant to the subject matter.(6) This information may be used by FMCS to contact parties concerning trainings, events, presentations, conferences, and other education opportunities and programs. This information will not be disclosed to any requesting person unless authorized by law. Failure to provide the requested information could result in FMCS's delay or inability to provide services.

Paperwork Reduction Act Notice. This information collection is authorized under the National Labor Relations Act (NLRA), 29 U.S.C. § 158(d)(3). The information you provide will be used to contact the parties involved and determine if mediation is warranted to help prevent or minimize disruption to commerce that could arise from a labor/management dispute. Providing this information is mandatory. The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 3076-0004, which expires 12-31-2027. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, may be sent to register@fmcs.gov and reference the OMB Control Number. Note: Please do not return the completed collection or request assistance at this email address.