

ILLINOIS DEPARTMENT OF LABOR
900 S. Spring Street
Springfield, Illinois 62704
217-782-1710
REQUEST FOR ARBITRATIONS OR MEDIATION

WE THE UNDERSIGNED HEREBY REQUEST THE ___ ARBITRATION OR ___ MEDIATION SERVICE OF THE ILLINOIS DEPARTMENT OF LABOR IN THE FOLLOWING DISPUTE OR CONTROVERSY:

REQUIREMENTS:

ARBITRATION

Unless the Agreement between the parties specifically allows for unilateral submission to the Illinois Department of Labor, Illinois Arbitration Service, written joint request is required for Arbitration Service to proceed. Except for collective bargaining agreements executed prior to July 1, 1987 or stipulations to arbitrate executed prior to that date an administrative filing fee will be charged (payable by two or one check) in a total amount of \$200.00 per our adopted Arbitration rules of May of 2001. (If interested in our Arbitration Service, please review reverse side of this form.)

MEDIATION

Written joint request for Mediation is not required, although verbal concurrence by all parties to dispute is necessary for the Mediation Service to proceed.

EMPLOYER

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP

PHONE

LOCATION OF DISPUTE IF OTHER THAN ABOVE.

vs.

UNION

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP

PHONE

EFFECTIVE DATE OF CONTRACT: _____

NAME OF GRIEVANT: _____

TYPE OF GRIEVANCE: _____

Signature – Union Representative

Signature – Employer Representative

Date

Date