Commonwealth of Massachusetts Labor Relations Commission 399 Washington St., 4th Floor Boston, Massachusetts 02108 Tel: (617) 727-3505	REQUEST FOR BINDING ARBITRATION (RBA)	Do not write in this space_____ Case No._____ Date Filed:

Note: Section 8 of Chapter 150E empowers the Commission to order "binding arbitration" of any dispute concerning the interpretation or application of...(a) written agreement which does not contain a "grievance procedure culminating in final and binding arbitration".

Instructions: Answer all applicable questions. File **original** and **seven (7)** copies of this form with the Commission.

1. Name and address of Employer or Employee Organization requesting the Commission to order binding arbitration.

Name

Street | City or Town | Zip Code | Phone

1a. Name and address of the attorney or other representative of party requesting arbitration:

Name

Street | City or Town | Zip Code | Phone

2. Name and address(es) of other Employers or Employee organizations that are parties to the collective bargaining agreement.

Name

Street | City or Town | Zip Code | Phone

2a. Name and address of the attorney or other representative of other party or parties to the agreement.

Name

Street | City or Town | Zip Code | Phone

3. Describe the dispute concerning the interpretation and application of the collective bargaining agreement. Attach a copy of the grievance which you request be ordered to binding arbitration. This request will not be processed without a copy of the grievance.

4. Specify the particular part or parts of the written agreement which are the subject of the grievance. (Attach a copy of the entire written agreement).

5A. What was the last step of the grievance procedure at which the grievance was considered?

5B. On what date was that step completed?

6. If the request for binding arbitration is filed on behalf of the labor organization, has the organization complied with Sections 13 and 14 of General Laws, Chapter 150E?

☐ YES ☐ NO

Date of last filing

7. If the request for binding arbitration is filed by an Employer, has it complied with Section 7 of the Act, and filed a copy of the agreement with the Commission?

☐ YES ☐ NO

Date of last filing

DECLARATION

I have read the above statements and swear they are true to the best of my knowledge and belief and that a copy of this form has been sent to all parties to the agreement.

Signature

Date

Print Name

Address

Title (if any)

Telephone

I hereby certify that I have served a copy of this charge on the following representative of the opposing party:

Indicate method of service:

☐ in hand ☐ first class mail

Print Name of Representative of Opposing Party

Address

Signature

NOTICE TO OTHER PARTIES

Notice: Within fifteen (15) days after receiving a copy of this Request, any other party to the collective bargaining agreement shall provide to the Commission a statement indicating whether it joins the request, opposes the request, or takes no position, and all legal or other arguments in support of its position. 456 CMR 16.02(5). Failure to provide a response may result in disposition of the request without benefit of information from the other party.

Notice: The Commission does not discriminate on the basis of disability in access to its services. Inquiries, complaints or requests, including requests for auxiliary aids and information regarding access features should be directed to the ADA Coordinator (617) 727-3505. This document is available in alternative formats.