FMCS Form R-19 Revised AUGUST 1996

FEDERALMEDIATION AND CONCILIATION SERVICE WASHINGTON, D.C. 20427

Form Approved OMB No. 3076-0003 Expires 8/31/98

ARBITRATOR'S REPORT AND FEE STATEMENT

| a. Were briefs filed? Yes No If yes, give date b. Was transcript taken? Yes No c. Number of grievances: FEES AND DAYS: For services as Arbitrator No. of Days: + + + = x \$ = \$ x \$ = \$ | FILE NO ARBITRATOR | DATE OF AWARD | | | |
|--|---|---------------|-------------------|--------------------|-----------------|
| Name (City (State) (Zip Code) | COMPANY | | | | |
| Issue Contract terms 10 Vacations and vacation pay Hearings Contract interpretation or application 10 Vacations and vacation pay Hearings Vacations and vacation pay Hearings Vacations and vacation pay Hearings Vacations Vacations and vacation pay Hearings Vacations V | (Name) | (Ci | ty) (Sta | te) | (Zip Code) |
| I. ISSUES: (Please check either a or b. and complete c and d) New or reopened contract terms Contract interpretation or application II. Holidays and holiday pay Issue or Issues (Please check only one issue per grievence) I. Discharge and disciplinary actions II. Health and welfare Issue or Issues (Please check only one issue per grievence) II. Scope of agreement: II. Health and welfare III. Health and call-back pay III. Health and welfare III. Health and we | | Local No.) | | (Affiliation) | |
| New or reopened contract terms 10 Vacations and vacation pay I Holidays and holiday pay Issues (Please check only one issue per grievence) 12 Scheduling of work I2 Scheduling of work I2 Scheduling of work I3 Reporting, call-in and call-back pay Itelath and welfare Itelath and welfare Itelath and welfare Itelath satisfies Itelath satisfies I4 Health and welfare Itelath satisfies I4 Health and welfare Itelath satisfies Itelath satis | , | Local No.) | | (Allillation) | |
| Contract interpretation or application 11. | | 10 🖂 | Vacations and vac | eation nav | |
| Issue or Issues (Please check only one issue per grievence) 12. | | _ | | | |
| Discharge and disciplinary actions 13. | | _ | | | |
| 14 | | _ | | | |
| Job evaluation | | _ | | | |
| Work assignment 16. | | | | , | |
| 5. | | _ | | its | |
| a. Promotion and upgrading | _ | | | .113 | |
| a. Promotion and upgrading b. Layoff, bumping and recall c. Foreman, supervision, etc. d. Mergers, consolidations, accretion, other plants d. Other ls. Working conditions, including safety Working conditions, including safety Severance pay lowertime pay 20. Rate of pay Severance pay lowertime pay 20. Management rights lowertime distribution 21. Discrimination lowertime distribution 22. Management rights lowertime distribution 23. Job posting & bidding lowertime discribition 24. Wage issues lowertime distribution lowertime discribition 24. Wage issues lowertime discribition | | | | r | |
| b. Layoff, bumping and recall | • | H | - | | |
| c. Transfer | | H | | | |
| d. Other 18 | | Ħ | | | other plants |
| Devertime: 19. | — | _ | | | , center plants |
| a. | | | - | ns, meraamg sarety | |
| b. | | | | | |
| c. | | _ | | | |
| d. | | _ | | ts | |
| Union officers - superseniority and union business 24. Wage issues Strike or lockout issues(excluding disciplinary actions) 25. Miscellaneous Was arbitrability of grievance involved? Yes No If yes, check one or both Procedural Substantive Hearing: a. Were briefs filed? Yes No If yes, give date b. Was transcript taken? Yes No | | | | | |
| Strike or lockout issues(excluding disciplinary actions) 25. | | | | umg | |
| . Was arbitrability of grievance involved? | _ | | - | | |
| f. Was there any waiver by parties on date the award was due? Yes No No SEES AND DAYS: For services as Arbitrator No. of Days: | b. Was transcript taken? ☐ Yes ☐ No d. | Dates of H | Iearing: | | |
| FEES AND DAYS: For services as Arbitrator No. of Days: + + = x \$ = \$ Total Fee Expenses: Transportation \$ + Other \$ = \$ Total Expenses Amount payable by Company \$ Amount payable by Union \$ TOTAL \$ PANEL: If tripartite panel or more than one arbitrator made the award, check here Date of this Report Signature | c. Number of grievances: e. | Date of gr | rievance | | |
| Hearings Travel Study Total Per Diem Rate Total Fee Expenses: Transportation \$ + Other \$ = \$ Total Expenses Amount payable by Company \$ Amount payable by Union \$ TOTAL \$ PANEL: If tripartite panel or more than one arbitrator made the award, check here Date of this Report Signature | FEES AND DAYS: For services as Arbitrator | | | | Yes□ No□ |
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PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is one and one-hour 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, D.C. 20427. Persons are not required to respond to this collection of information unless it displays the currently valid OMB control number.