**Request for AAA Conciliation/Arbitration Pursuant to Education Law §211-f(8)(c)**

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| --- | --- | --- | --- | --- | --- |
| Date: | | | | | |
| Name of Filing Party: | | | Name of Filing Party’s Representative: | | |
| Check applicable box:  Filing Party is Union or Employer | | | Name of Firm (if applicable): | | |
| Address: | | | Representative’s Address: | | |
| City: | State: | Zip Code: | City: | State: | Zip Code: |
| Telephone: | Fax No.: | | Telephone: | Fax No.: | |
| Email Address: | | | Email Address: | | |
| Additional Email(s) to be Copied on Correspondence: | | | AAA Should Communicate With Me By:  Email  Fax  Mail | | |
| The filing party, a party to a Collective Bargaining Agreement dated , hereby demands arbitration/conciliation pursuant to New York State Education Law §211-f(8)(c), a copy of which is attached hereto. | | | | | |
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| You are hereby notified that copies of our collective bargaining agreement and this demand are being filed with the American Arbitration Association, with a request that it commence administration of conciliation/arbitration. | | | | | |
| Name of Respondent: | | |  | | |
| Check applicable box:  Respondent is Union or Employer | | | Name of Respondent’s Representative (if known): | | |
| Contact Person: | | | Name of Firm (if applicable): | | |
| Address: | | | Representative’s Address: | | |
| City: | State: | Zip Code: | City: | State: | Zip Code: |
| Telephone: | Fax No.: | | Telephone: | Fax No.: | |
| Email Address: | | | Email Address: | | |
| **Reminders:**  Mail a copy of this form to the other side at the time it is sent to AAA. The form must be sent to AAA at:  Lauren Wilson, Labor Supervisor  American Arbitration Association  120 Broadway, 21st Floor  New York, NY 10271  ***AAA Customer Service can be reached at 800-778-7879.***  ***The fee for AAA’s case management services is $550 ($275 per party). Payment of $550 must be included with submission of this form.*** | | | | | |