**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 SupervisorAmerican Arbitration Association120 Broadway, 21st FloorNew 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.*** |