



LOS ANGELES COUNTY
EMPLOYEE RELATIONS COMMISSION
ERCOMfilings@bos.lacounty.gov

REQUEST FOR ARBITRATION

INSTRUCTIONS:

- A. This request may be filed pursuant to Section 5.04.230 of the Employee Relations Ordinance and Rule 7.07 of the Rules and Regulations.
- B. Complete this request and submit an electronic .pdf copy to ERCOMfilings@bos.lacounty.gov.

DO NOT WRITE IN THIS SPACE

ARB _____

DATE _____
FILED _____

Requesting Party:

Full Name of Party(ies) requesting arbitration: (If Employee Organization give full name, including local and and/or number) _____

Contact Person: _____ Email: _____

Cell Phone: _____ Office Phone: _____

Mailing Address (include zip code): _____

hereby requests arbitration of a dispute involving _____

Name of Department

The undersigned hereby requests advisory/binding arbitration of the unresolved grievance described below. Request is made for appointment of an arbitrator to hear and decide dispute.

1. Identify Memorandum of Understanding and attach copy of Article or Section under which the request for arbitration is made.

2. Identify and attach copy of Memorandum of Understanding Article or Section which you claim has been violated.

3. State in concise language the issue(s) to be arbitrated.

4. Attach a copy of the written grievance and last response, if any.

5. Name(s) of grievant(s).

6. State remedy sought.

7. Additional Information

Submitted by: _____
Printed Name Title

Signature: _____ **Date:** _____