State of Delaware
Public Employment Relations Board
4th Floor, Carvel State Office Building
820 N. French Street
Wilmington, Delaware 19801

Telephone: (302) 577-5070
Facsimile: (302) 577-3297

DEMAND FOR GRIEVANCE ARBITRATION
pursuant to §4013 of the Delaware Public School Employment Relations Act

GA No. _____ (*assigned by PERB upon receipt of completed form*)

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1. PUBLIC SCHOOL DISTRICT: _____

REPRESENTATIVE NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE: FAX:

E-MAIL ADDRESS:

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2. UNION: _____

REPRESENTATIVE NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE: FAX:

E-MAIL ADDRESS:

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3. NATURE OF DISPUTE:

TERM OF APPLICABLE COLLECTIVE BARGAINING AGREEMENT:

CONTRACTUAL PROVISIONS IN DISPUTE:

NATURE OF THE DISPUTE:

CLAIM OR RELIEF SOUGHT:

4.	**Type of Grievance Arbitration**
	☐ Traditional Arbitration
	☐ EXPEDITED Arbitration (can only be invoked by agreement of the parties.
	Please provide the relevant contractual provisions or a stipulation signed by
	both parties if this request is for expedited arbitration.

An arbitrator will be assigned based upon the request of a single party in accordance with the procedures set forth in PERB Regulation 12. Selection of an arbitrator does not signify the adoption of any position by the PERB regarding the arbitrability of any dispute or the terms of the parties' contract. Disputes relating to whether a matter is arbitrable will be ruled upon by the arbitrator prior to hearing the merits of the dispute. PERB Regulation 12.9

PERB reserves the right to decline to service any requests from parties with a demonstrated history of nonpayment of arbitrator fees or other behavior which constrains the spirit or operation of the arbitration process.

5.	**Signature of Requesting Party:** _____

A copy of this Request for Arbitration must be simultaneously provided to the opposing party to this matter.

A copy of this Demand for Arbitration was provided to:

Name of Representative: _____

Address: _____

_____

Method: ☐   Facsimile transmission to FAX #: _____

          ☐   United States Mail

          ☐   Other Method (*please specify*) _____

Date: _____

Name of person providing service: _____