FEDERAL MEDIATION AND CONCILIATION SERVICE

FMCS Form R-19 Revised March 2022 Fax: (202) 606-3749		ARBITRATOR'S REPORT AND FEE STATEME			STATEMENT	Form Approved OMB No. 3076-0003 Expires XX-XX-XXXX
FMCS Case #		ARBITRATOR			DATE OF AWARD	
. EMPLOYER		II. UNION				
.	ISSUES	(Please check eithe	r a or b, and o	complete c an	d d)	
a	New or reopened cont	tract terms	b	Contract	interpretation or a	application
c. V	Nas arbitrability of grieva	ance involved? _	Yes	No		
	(If YES, check one or bot	h) 🗆	Procedura		Substantiv	/e
1 2 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 Bargaining Unit W 	Vork cy/Personal) ischarge) arge) ny type) cion ation ng pute Recall ESNOIf YE d: d. E	ES, give date Date of heari	18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 34.	 Official Time Past Practices Pension and Welf. Pension Claim (Fegeration) Retirement Safety/Health Cor Seniority Sexual Harassme Strikes/Lockouts, Stoppages/Slowd Subcontracting/Cor Tenure/Reappoint Wages (Overtime, Work Hours/Scheie Working Condition Violence or Threas b. Was transcript e. Date of g 	are Plans ederal Statute) Iditions Int Work Iowns Iontracting Out ment Holiday pay, etc.) dules/Assignments Ios/Work Orders ts takenYESNO rievance:
v	. FEES AND DAYS FOR				V ¢	= \$
	# OF DAYS: Hearings	_++ Travel	Study	= Total	∧ ⊅ Per Die	em Rate Total Fee
EXPENSES: Transportation: \$+ Other: \$= \$						Total Expenses
A	Amt. Payable by Company	y: \$		_		Total Expenses
Α	Amt. Payable by Union:	\$		_	VII. Cancellation	Fee Only:
v	/I. Panel: If tripartite panel	or more than one	arbitrator m	ade the awa	rd, check here:	
v	VIII. DATE of this Report: Signature:					
Pi	rivacy Act Statement. 29 U.S.C. §	172, et seq., authorize the	e FMCS to collec	t this information.	The primary use of the info	rmation is to allow FMCS officials to

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