

ACT 111 - FIRE AND POLICE
VOLUNTARY MEDIATION
NOTICE TO BUREAU OF MEDIATION
REQUEST FOR ASSIGNMENT OF A LABOR MEDIATOR

DATE OF SUBMISSION

NAME OF PUBLIC EMPLOYER

NAME OF EMPLOYEE ORGANIZATION

STREET ADDRESS

STREET ADDRESS

CITY / MUNICIPALITY / ZIP CODE

CITY / MUNICIPALITY / ZIP CODE

NAME OF EMPLOYER REPRESENTATIVE/ CHIEF NEGOTIATOR

NAME OF EMPLOYER REPRESENTATIVE/ CHIEF NEGOTIATOR

TELEPHONE NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

EMPLOYEE WORK ACTIVITY

NUMBER OF EMPLOYEES IN BARGAINING UNIT

CHECK _____ 1ST CONTRACT _____ RENEWAL

CONTRACT EXPIRATION DATE

FILED ON BEHALF OF _____ EMPLOYER _____ EMPLOYEE

REPRESENTATIVE SIGNATURE

EMAIL COMPLETED FORM TO RA-LIBMED@pa.gov

****A MEDIATOR WILL BE ASSIGNED TO YOUR CASE. MEDIATION IN ACT 111 CASES IS VOLUNTARY AND IS NOT REQUIRED BY THE ACT. ACTIVE MEDIATOR PARTICIPATION IN THIS CASE WILL REQUIRE THE VOLUNTARY AGREEMENT OF BOTH PARTIES.**

Auxiliary aids and services are available upon request to individuals with disabilities.
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