

VA Form 04 – Appointment as Voluntary Arbitrator Form



APPOINTMENT AS VOLUNTARY ARBITRATOR

FORM 04-05

Date: _____

TO: **ARBITRATOR** _____ ACC # _____ REGION: _____
Address: _____

If appointment is panel, names and address of other members, (otherwise, type-in N/A):

ARBITRATOR: _____ ACC # _____ REGION: _____
Address: _____

ARBITRATOR: _____ ACC # _____ REGION: _____
Address: _____

The **National and Conciliation and Mediation Board** hereby **appoints** you as Voluntary Arbitrator/s to handle the case docketed as _____ between:

EMPLOYER:

REPRESENTED BY: _____ SIGNATURE: _____
POSITION/TITLE: _____ TELEPHONE: _____ FAX: _____
ADDRESS: _____

UNION:

REPRESENTED BY: _____ SIGNATURE: _____
POSITION/TITLE: _____ TELEPHONE: _____ FAX: _____
ADDRESS: _____

To arbitrate the following issues:

Your Appointment is based on:

- a. **Notice to Arbitrate** filed by Union Management dated _____
b. **Request for Selection and Appointment** filed by Union Management dated _____

The arbitrator's fees shall be paid in the following manner:

Please fax the attached Reply Form to: _____ (fax number) _____

REGIONAL BRANCH DIRECTOR
NCMB-RB _____