

# FEDERAL SECTOR LABOR RELATIONS NOTICE TO FEDERAL MEDIATION AND CONCILIATION SERVICE

Mail  
To:

Notice Processing Unit  
**FEDERAL MEDIATION AND CONCILIATION SERVICE**  
2100 K Street, N.W.  
Washington, D.C. 20427

**THIS NOTICE IS IN REGARD TO: (MARK "X")**

- ①  AN INITIAL CONTRACT (INCLUDED FLRA CERTIFICATION NUMBER) # \_\_\_\_\_  
 A CONTRACT REOPENER REOPENER DATE \_\_\_\_\_  
 THE EXPIRATION OF AN EXISTING AGREEMENT EXPIRATION DATE: \_\_\_\_\_

**OTHER REQUESTS FOR THE ASSISTANCE OF FMCS IN BARGAINING (MARK "X")**

② SPECIFY TYPE OF ISSUE(S)

**REQUEST FOR GRIEVANCE MEDIATION (SEE ITEM #10) (MARK "X")**

③ ISSUE(S)

④ NAME OF FEDERAL AGENCY NAME OF SUBDIVISION OR COMPONENT, IF ANY

STREET ADDRESS OF AGENCY CITY STATE ZIP

AGENCY OFFICIAL TO BE CONTACTED AREA CODE & PHONE NUMBER

⑤ NAME OF NATIONAL UNION OR PARENT BODY NAME AND/OR LOCAL NUMBER

STREET ADDRESS CITY STATE ZIP

UNION OFFICIAL TO BE CONTACTED AREA CODE & PHONE NUMBER

**LOCATION OF NEGOTIATIONS OR WHERE MEDIATION WILL BE HELD**

⑥ STREET ADDRESS CITY STATE ZIP

⑦ APPROX. # OF EMPLOYEES IN BARGAINING UNIT(S) >> \_\_\_\_\_ IN ESTABLISHMENT>> \_\_\_\_\_

⑧ THIS NOTICE OR REQUEST IS FILED ON BEHALF OF (MARK "X")  UNION  AGENCY

⑨ NAME AND TITLE OF OFFICIAL(S) SUBMITTING THIS NOTICE OR REQUEST AREA CODE AND PHONE NUMBER

STREET ADDRESS CITY STATE ZIP

**FOR GRIEVANCE MEDIATION, THE SIGNATURES OF BOTH PARTIES ARE REQUIRED:\***

⑩ SIGNATURE (AGENCY) DATE SIGNATURE (UNION) DATE

\*Receipt of this form does not commit FMCS to offer its services. Receipt of this form will not be acknowledged in writing by FMCS. While use of this form is voluntary, its use will facilitate FMCS service to respondents. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to FMCS Division of Administrative Services, Washington, D.C. 20427, and to the Office of Management and Budget, Paperwork Reduction Project. Washington, D.C. 20603

## Instructions

### Complete this form, please follow these instructions

- In **Item #1.** Check the block and give the date if this is for an existing agreement or reopener. The FLRA Certification number should be provided if available. If not known, please leave this item blank. Absence of this number will not impede processing of the form.
- In **Item #2.** If other assistance in bargaining is requested please specify: e.g., impact and implementation bargaining (I&I) and/or mid-term bargaining and provide a brief listing of issues, e.g., smoking, Alternative Work Schedules (AWS), ground rules, office moves, or if desired, add attached list. This is only if such issues are known at time of filing.
- In **Item #3.** Please specify the issues to be considered for grievance mediation. Please refer to FMCS guidelines for processing these requests. **Please make certain that both parties sign this request!**
- In **Item #4.** List the name of the agency, as follows: The Department, and the subdivision or component. e.g., U.S. Dept. of Labor, BLS, or U.S. Dept. of Army, Aberdeen Proving Ground, or Illinois National Guard, Springfield Chapter. If an independent agency is involved, list the agency, e.g., Federal Deposit Insurance Corp. (FDIC) and any subdivision or component, if appropriate.
- In **Item #5.** List the name of the union and its subdivision or component as follows: e.g., Federal Employees Union, Local 23 or Government Workers Union, Western Joint Council.
- In **Item #6.** Provide the area where the negotiation or mediation will most likely take place, with zip code, e.g., Washington, D.C. 20427. The zip code is important because our cases are routed by computer through zip code, and mediators are assigned on that basis.
- In **Item #7.** Only the approximate number of employees in the bargaining unit and establishment are requested. The establishment is the entity referred to in item 4 as name of subdivision or component, if any.
- In **Item #8.** The filing need only be sent by one party unless it is a request for grievance mediation. (See item 9)
- In **Item #9.** Please give the title of the official, phone number, address, and zip code.
- In **Item #10.** Both labor and management signatures are required for grievance mediation requests.

## NOTICE

SEND ORIGINAL TO FMCS  
SEND ONE COPY TO OPPOSITE PARTY  
RETAIN ONE COPY FOR PARTY FILING NOTICE