

**STATE OF OREGON**  
**ERB Mediation Request Form**  
**For Collective Bargaining Matters under ORS 243.712**

Please complete all information requested below. This form may be emailed, mailed, or faxed.

Submit your completed form to:

**ERB Conciliation Service**

[Emprel.Board@oregon.gov](mailto:Emprel.Board@oregon.gov)

ERB Conciliation Service, 528 Cottage St. NE, Suite 400, Salem OR  
97301-3807 Fax: 503-373-0021

Employer Name and Address:	Labor Organization Name and Address:															
Employer Rep Contact (Address/Phone/Email/Fax):	Labor Organization Rep Contact (Address/Phone/Email/Fax):															
Mailing Address for Billing Contact (if different than above):	Mailing Address for Billing Contact (if different than above):															
Date the 150 days of negotiations began: <i>Per ORS 243.712, the 150-day period shall begin when the parties meet for the first bargaining session and each party has received the other party's initial proposal or on an alternative date to which the parties agree in writing.</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Check One:</td> <td style="width: 40%;">Strike Permitted Unit</td> <td style="width: 50%;">Strike Prohibited Unit</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><i>As defined in ORS 243.736</i></td> </tr> <tr> <td style="padding-left: 20px;">This request is for:</td> <td colspan="2">New Contract</td> </tr> <tr> <td></td> <td colspan="2">Successor</td> </tr> <tr> <td></td> <td colspan="2">Contract Reopener</td> </tr> </table>	Check One:	Strike Permitted Unit	Strike Prohibited Unit		<i>As defined in ORS 243.736</i>		This request is for:	New Contract			Successor			Contract Reopener	
Check One:	Strike Permitted Unit	Strike Prohibited Unit														
	<i>As defined in ORS 243.736</i>															
This request is for:	New Contract															
	Successor															
	Contract Reopener															
Have the parties bargained for 150 days or more?	Number of employees represented in this unit:															
Yes    No																
Unresolved Issues:	Preferred meeting dates and times:															
Submitted by ( <i>sign &amp; date</i> ):	Acknowledgment by Other Party* ( <i>sign &amp; date</i> ):															
Name	Date	Name	Date													

\* Both parties must agree to a mediation request prior to the expiration of the 150-day bargaining period. Evidence of agreement must be submitted to ERB, either as a request signed by both parties or by separate communications from each party indicating agreement.

## **Contract Mediation Fees**

*Do not submit any fees with your request.*

The cost of mediation for a local government employer and corresponding exclusive representative is:

\$1,000 for the first two mediation sessions (\$500 per party);  
\$625 for the third mediation session (\$312.50 per party);  
\$625 for the fourth mediation session (\$312.50 per party); and  
\$1,000 for each additional mediation session (\$500 per party).

Parties will be billed after the first mediation session. Mediation services for State agencies and labor organizations representing State employees are provided for through an interagency assessment (there is no separate fee).

If you have questions, contact the Mediation Coordinator at [Emprel.Board@oregon.gov](mailto:Emprel.Board@oregon.gov) or (503) 378-6471.