

**STATE OF OREGON, EMPLOYMENT RELATIONS BOARD, CONCILIATION SERVICE  
 MEDIATION REQUEST FOR COLLECTIVE BARGAINING MATTERS UNDER ORS 243.698  
 (EXPEDITED BARGAINING)**

Submit your request for mediation by completing this form and uploading it to our online [Case Management System-CMS](#).  
 Alternative filing options detailed in the instructions.

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Employer Name / Address:                                                                                                                                                                                                                                                                                                                                                | Labor Organization Name / Address:                                                                                                 |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <br><br>                                                                                                                           |
| Employer Rep Contact Address/Phone/Email:                                                                                                                                                                                                                                                                                                                               | Labor Organization Rep Contact Address/Phone/Email:                                                                                |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <br><br>                                                                                                                           |
| Mailing Address for Billing Contact (if different than above):                                                                                                                                                                                                                                                                                                          | Mailing Address for Billing Contact (if different than above):                                                                     |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <br><br>                                                                                                                           |
| Date Employer provided Labor Organization written notice of anticipated change(s) that impose a duty to bargain:                                                                                                                                                                                                                                                        | Unresolved Issues:                                                                                                                 |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <br><br>                                                                                                                           |
| Preferred meeting dates and times:                                                                                                                                                                                                                                                                                                                                      | Check One:                                                                                                                         |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Strike Permitted Unit <input type="checkbox"/> Strike Prohibited Unit<br><i>As defined in ORS 243.736</i> |
| Preferred Meeting Format for Initial Meeting*<br><input type="checkbox"/> In-person<br><input type="checkbox"/> Virtual<br><input type="checkbox"/> Hybrid (some team members appearing in person and others virtually)<br><br>Describe: _____<br><br><input type="checkbox"/> No preference<br>*final determination of format will be made by the Conciliation Service |                                                                                                                                    |
| Submitted by (sign & date):                                                                                                                                                                                                                                                                                                                                             | Acknowledgment by Other Party* (sign & date):                                                                                      |
| <br><br>                                                                                                                                                                                                                                                                                                                                                                | <br><br>                                                                                                                           |
| Name _____ Date _____                                                                                                                                                                                                                                                                                                                                                   | Name _____ Date _____                                                                                                              |

\*Both parties must agree to a mediation request prior to the expiration of the 90-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.

## INSTRUCTIONS FOR REQUESTING MEDIATION SERVICES

**Confirm You are Using the Correct Mediation Request Form.** The Conciliation Service has separate forms for Collective Bargaining Mediation, Expedited Bargaining Mediation, Grievance Mediation, ULP Mediation, State Personnel Relations Law (SPRL) Mediation, and Training.

**Submission Methods:** You may submit your request by using our online [Case Management System-CMS](#) (preferred). You may also email the request to [ERB.Filings@ERB.oregon.gov](mailto:ERB.Filings@ERB.oregon.gov).

**Completing the Form:** All sections of the form must be completed before a mediator is assigned and scheduling discussions begin.

**Meeting Format:** (in-person, virtual, hybrid): Check your preference for format and use the *Describe* area to elaborate as needed, or to indicate each party's preference if submitting jointly. When selecting Hybrid, use the *Describe* area to detail how many team members will be participating per format (in-person/virtual) and their roles (attorney, HR Director, Union President, etc.). Meeting format will ultimately be determined by the Conciliation Service.

**Fees and Invoicing:** 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@ERB.oregon.gov](mailto:Emprel.Board@ERB.oregon.gov) or (503) 378-6471.