

**Public Employment Relations Commission
495 West State Street, PO Box 425
Trenton, NJ 08625**

RESUME OF PANEL ARBITRATOR

Full Name:

Address:

City:

State:

Zip Code:

Telephone:

Cell Phone:

FAX:

E-Mail:

Occupation:

Education:

Professional Affiliations:

Arbitration Experience & Types of Issues or Grievances:

Mediation & Fact Finding Experience:

Other Relevant or Equivalent Experience:

Per Diem Fee:

Adjournment/Cancellation Fee:

Number of Days Allowed Before Adjournment Fee is Assessed:

Submitted by Arbitrator on:

The following is a description of my fees and expenses:

A) HEARING TIME

(1) My per diem for each day or any part thereof spent hearing a case is:

(2) I charge (choose one of the following) if a hearing day exceeds this amount of hours:

Second full per diem

A pro-rated per diem

No additional charge

Other (describe)

(3) Additional Comments:

B) STUDY TIME

(1) For each day spent in preparation of the opinion and award I charge:

(2) This charge will be prorated for partial days devoted to such preparation.

(3) Additional Comments:

B) TRAVEL TIME AND EXPENSES

(1) In the event travel time plus expenses exceeds this many hours in a calendar day:

I charge as follows:

(2) I charge for actual travel related expenses incurred in connection with the case.

Where appropriate, a mileage charge for auto travel will be billed at:

Prevailing IRS rate

Other (describe)

(3) When the scheduled day(s) requires an overnight stay:

There is no charge, other than lodging and subsistence.

I charge as follows (describe)

Additional Comments:

D) POSTPONEMENT OR CANCELLATION FEES

Unless I receive notice of a postponement or cancellation within days of the scheduled hearing date

a fee of will be charged.

Other (describe)

E) ADDITIONAL CHARGES: I charge separately for expenses incurred in connection with the following:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Duplication | <input type="checkbox"/> Late Payment Charge | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> FAX | <input type="checkbox"/> Postage | <input type="checkbox"/> Telephone (conference or otherwise) |

GENERAL TERMS:

(1) Billing for fees and expenses will be divided equally between the parties, unless otherwise required by the collective negotiations agreement or by the conditions of the appointment.

(2) Other (describe)

G) OTHER INFORMATION/COMMENTS

SUBMITTED BY ARBITRATOR (Name)

Date

IMPORTANT

This form is not intended to suggest the services for which an arbitrator should or should not charge. It contains the most recent information provided by the named Arbitrator to the New Jersey Public Employment Relations Commission, which is not responsible for any errors or omissions on the form or for variances in actual practice by the Arbitrator.