

**NATIONAL JOINT ADJUSTMENT BOARD  
COLLECTIVE BARGAINING REPORTING FORM  
NOTICE OF UNRESOLVED DISPUTE**

**ARTICLE X, SECTION 8**

Please refer to the Procedural Rules of the National Joint Adjustment Board for the Sheet Metal Industry for detailed information on how to comply with the requirements of submitting your dispute under Article X, Section 8. Any questions regarding this form or submittal may be addressed to: National Joint Adjustment Board, P.O. Box 220956, Chantilly, VA 20153-0956, or National Joint Adjustment Board, 4201 Lafayette Center Drive, Chantilly, VA 20151-1209.

These documents shall be jointly submitted and jointly signed by an authorized representative of the local Union and an authorized representative of the Employer. If one party refuses to sign this document, the NJAB will consider a unilateral submission, so long as a copy of this submission has been provided to the other party.\*

Signature of authorized Union representative:

Signature of authorized Employer representative:

\_\_\_\_\_

\_\_\_\_\_

1. List the expiration date of your present agreement:

\_\_\_\_\_ / \_\_\_\_\_  
Month Year

2. Names & Addresses of Parties to the Dispute:

Local Union

Employer or Employer Association

Local No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**SUBMITTAL DATA FOR NATIONAL JOINT ADJUSTMENT BOARD**

Send 20 copies of this application, plus all the following. Complete checklist before mailing to ensure that all information is enclosed.

- |                                                                              |                                                                                    |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> 20 copies of Resolved Issues Form B                 | <input type="checkbox"/> 20 copies of wage rates for adjoining SMWIA Locals Form E |
| <input type="checkbox"/> 20 copies of Unresolved Issues Form C               | <input type="checkbox"/> 20 copies of most recent labor agreement                  |
| <input type="checkbox"/> 20 copies of wage rates for trades listed on Form D | <input type="checkbox"/> 20 legible copies of negotiation minutes                  |

**Assemble the information in sets so that each of your 20 packets contains one (1) copy of each separate form.**

\* If this submission is not signed by both parties, by signing below, I certify that I have provided a copy of this submission to the other parties to this dispute.

\_\_\_\_\_ Name

\_\_\_\_\_ Date

NATIONAL JOINT ADJUSTMENT BOARD  
ARTICLE X, SECTION 8  
RESOLVED ISSUES

SMWIA Local Union No. \_\_\_\_\_

Employer \_\_\_\_\_

Anniversary Date of Agreement: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

List here those issues which **have been settled** during negotiations.  
Refer to Article and Section of the Agreement where possible.

Multiple horizontal lines for listing resolved issues.

NATIONAL JOINT ADJUSTMENT BOARD  
ARTICLE X, SECTION 8  
UNRESOLVED ISSUES

**NOTE: USE A SEPARATE SHEET FOR EACH ISSUE**

No more than three (3) may be presented by either side. Wage/Fringe package and contract duration may be proposed irrespective of the limit.

SMWIA Local Union No. \_\_\_\_\_

Employer \_\_\_\_\_

Issue \_\_\_\_\_

Union Proposal

Employer Proposal

Article, Section of Agreement or Addendum \_\_\_\_\_

EXISTING LANGUAGE

PROPOSED LANGUAGE

Union Position:

Employer Position:

**NATIONAL JOINT ADJUSTMENT BOARD  
ARTICLE X, SECTION 8  
TABULATION OF COMPARATIVE HOURLY WAGE RATES AND FRINGES**

SMWIA Local Union No. \_\_\_\_\_

Employer \_\_\_\_\_

Anniversary Date of Agreement: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

P  
A  
S  
T

F  
U  
T  
U  
R  
E

Year	*SHEET METAL WORKERS			PLUMBERS			STEAMFITTERS		
	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package

P  
A  
S  
T

F  
U  
T  
U  
R  
E

Year	ELECTRICIANS			IRON WORKERS			CARPENTERS		
	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package

NOTE: Show wage data for the preceding six (6) years and three (3) future years, if applicable. If current or future increases are scheduled to take effect in periodic steps of less than one year (for example, every six months), please show those dates and amounts on the above form.

**NATIONAL JOINT ADJUSTMENT BOARD  
ARTICLE X, SECTION 8**

SMWIA Local Union No. \_\_\_\_\_

Employer \_\_\_\_\_

Anniversary Date of Agreement: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**SURROUNDING SHEET METAL WORKERS LOCAL UNIONS**

Year	Your SMWIA Local Union No. _____ City _____			SMWIA Local No. _____ City _____			SMWIA Local No. _____ City _____			SMWIA Local No. _____ City _____		
	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package

P  
A  
S  
T

F  
U  
T  
U  
R  
E

NOTE: Show wage data for the past six (6) years and three (3) future years, if applicable.

Use Additional Sheets As Necessary