

**APPLICATION FOR SERVICES OF THE
NATIONAL JOINT ADJUSTMENT BOARD
FOR THE SHEET METAL INDUSTRY
UNDER ARTICLE X, SECTION 4**

1. Names and Addresses of Parties to Dispute

a) _____

Phone: _____ Fax: _____ E-mail: _____

EMPLOYER

b) _____

Phone: _____ Fax: _____ E-mail: _____

LOCAL UNION

2. Nature of Dispute: Give brief statement of the pertinent facts, dates, position of applicant or applicants and quote relevant provisions of the involved Union Agreement or addenda thereto.

(If above space is not sufficient, attach this information as an Exhibit)

3. Attach all of the following. Complete checklist before mailing to ensure that all information is enclosed. **Assemble the information in sets so that each of your 10 packets contains one (1) copy of each separate item.**

- Ten (10) copies of the application, together with ten (10) copies of the involved collective bargaining agreement and addenda shall be filed.
- Ten (10) copies of the minutes of the Local Joint Adjustment Board, if applicable, and all other documents or exhibits presented at the panel hearing. (If minutes are verbatim, give summary only and hold verbatim minutes for the use of the National Joint Adjustment Board – attach Summary as Exhibit.)
- Ten (10) copies of the findings and decision of the panel hearing.

4. Date of hearing before the Local Joint Adjustment Board:

5. Date of hearing before the Panel:

(a) All applications with documents shall be filed with the National Joint Adjustment Board.

Date: _____

Employer

Local Union

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 party to this dispute.

Name

Date

YOUR ATTENTION IS DIRECTED TO PARAGRAPH 3 OF THE PROCEDURAL RULES OF THE NATIONAL JOINT ADJUSTMENT BOARD FOR ARTICLE X §4 PROCEEDINGS WHICH PROVIDES THAT HEARINGS SHALL BE CONFINED IN GENERAL TO THE RECORD MADE, ISSUES AND EVIDENCE PRESENTED TO THE PANELISTS DURING THE ARTICLE X §3 PANEL HEARING. IT IS THUS IMPORTANT THAT ALL OF THE INFORMATION CALLED FOR IN THIS APPLICATION BE FILED IF THE RECORD IS TO BE COMPLETE.