

**PUBLIC EMPLOYEES RELATIONS BOARD
GOVERNMENT OF THE VIRGIN ISLANDS**

REQUEST FOR ARBITRATION PANEL

To: Executive Director, PERB

From: **Management**

Union

Tel. _____
Fax _____

Tel. _____
Fax _____

Re: _____

Please fill out the following information:

Type of Dispute (Termination, Suspension, etc.):

Site of Dispute:

A panel of five (5) names shall be provided. Should the parties desire a different number, please indicate.

Special Requirements:

SIGNATURES

(Management)

Date

(Union)

Date