



National Arbitration and Mediation ("NAM")  
Employment Rules and Procedures  
990 Stewart Avenue, First Floor  
Garden City, NY 11530  
Telephone: 1-800-358-2550  
Fax: 516-794-8971  
www.namadr.com

## NAM EMPLOYMENT RULES AND PROCEDURES DEMAND FOR ARBITRATION/ARBITRATION REQUEST FORM FOR EMPLOYEES

### EMPLOYEE (CLAIMANT) INFORMATION

Name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
\*Contact Person or Counsel: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### EMPLOYER (RESPONDENT) INFORMATION

Name(s): \_\_\_\_\_  
\*Contact Person or Counsel: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

\*if applicable

RESPONDENT(S): Please take notice that pursuant to NAM's Employment Rules and Procedures which provide for Arbitrations of disputes arising thereunder, the Claimant identified above hereby demands Arbitration of a claim against you. These Rules and Procedures shall apply to all matters referred to NAM as a result of a pre-dispute Arbitration contract provision entered into by mutual agreement between the parties. You have twenty-one (21) days to serve the Claimant and NAM with a Reply to this Demand for Arbitration/Arbitration Request Form by messenger service, overnight delivery service by a nationally recognized courier company or by certified mail. If you do not serve the Claimant and NAM with a Reply within 21 days of service of this Notice, the Arbitrator may enter an award against you.

This matter is to be resolved by arbitration. Such arbitration is to be conducted as an oral, in-person arbitration.

\*The cost of the Arbitration is as follows: the filing fee is \$60. The Employee is responsible for the filing fee which shall be sent to NAM with the completed Demand for Arbitration/Arbitration Request Form. The Employer shall be responsible for all other fees relating to the administration and hearing of this matter. The administrative fee is non-refundable. As such, NAM's Fees and Costs for Employment Disputes Schedule is a part of this agreement. ALL FEES ARE SUBJECT TO ADJUSTMENT ANNUALLY AS OF JULY 1<sup>ST</sup> OF EACH YEAR.



Please include the names of witnesses to the Party's alleged unlawful action:

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Please state how you would like your dispute to be resolved. Please attach additional sheets if necessary.

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If you will be represented by an attorney, please identify that person and his/her firm in the Employee (Claimant) Information space on the first page of this form.

I hereby submit the above-described dispute for Arbitration. I agree that the decision and award of the Arbitrator will be final and binding as to all claims relating to my employment relationship with the Employer or its affiliates that have been or could have been raised under my Arbitration Agreement with the Employer. I understand that I am responsible for NAM's filing fee and, unless the Arbitrator rules otherwise, for the fees of my own attorney, should I retain one, subject to the limitations in these Rules.

\_\_\_\_\_  
EMPLOYEE by: (signature)

Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



The parties are hereby notified that the Employee has filed copies of the Arbitration Agreement and this Demand for Arbitration/Arbitration Request Form at NAM's headquarters.

Either party may contact the NAM Employment Administrator indicated below in writing at NAM, 990 Stewart Avenue, First Floor, Garden City, New York 11530 or by telephone with questions regarding the Arbitration process or NAM's Employment Rules and Procedures or to request a copy thereof.

Contact the NAM Administrator, \_\_\_\_\_ at

1-800-358-2550 ext. \_\_\_\_\_.