



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 EMPLOYERS

### EMPLOYER (CLAIMANT) INFORMATION

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

### EMPLOYEE (RESPONDENT) INFORMATION

Name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
\*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: a filing fee, an administrative fee and hourly arbitrator fees. The Employer shall be responsible for all fees relating to the administration and hearing of this matter other than the filing fee. The administrative fee is non-refundable and shall be sent to NAM by the Employer with the completed Demand for Arbitration/Arbitration Request Form. The Employee is responsible for the filing fee (such fee is currently \$60) and shall be sent to NAM along with the completed reply to the Demand for Arbitration/Arbitration Request Form. 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 this matter, as applicable:

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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 Employer (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 our employment relationship with the Employee that have been or could have been raised under our Arbitration Agreement with the Employee. I understand that I am responsible for all NAM fees relating to the administration and hearing of this matter (other than the filing fee). However, in the event the Employee does not pay the filing fee, I agree to pay same to NAM.

\_\_\_\_\_  
EMPLOYER by: (signature)

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

Title: \_\_\_\_\_

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



The parties are hereby notified that the Employer 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. \_\_\_\_\_.