

**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:

<b>Local Union</b>	<b>Employer or Employer Association</b>
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 10 copies of this application, plus all the following. Complete checklist before mailing to ensure that all information is enclosed.

- |  |   |
|--|---|
| <input type="checkbox"/> 10 copies of Resolved Issues (Form B)                       | <input type="checkbox"/> 10 copies of market share information (Form F) |
| <input type="checkbox"/> 10 copies of Unresolved Issues (Form C)                     | <input type="checkbox"/> 10 copies of most recent labor agreement       |
| <input type="checkbox"/> 10 copies of wage rates for trades listed on Form D         | <input type="checkbox"/> 10 legible copies of negotiation minutes       |
| <input type="checkbox"/> 10 copies of wage rates for adjoining SMART locals (Form E) |   |

**Assemble the information in sets so that each of your 10 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



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**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.

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Issue \_\_\_\_\_

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

<b>EXISTING LANGUAGE</b>	<b>UNION PROPOSED LANGUAGE</b>	<b>EMPLOYER PROPOSED LANGUAGE</b>

Please provide a brief statement setting forth the reasons the Union believes its position should be adopted:

Please provide a brief statement setting forth the reasons the Employer believes its position should be adopted:

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**TABULATION OF COMPARATIVE HOURLY WAGE RATES AND FRINGES**

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

P  
A  
S  
T

F  
U  
T  
U  
R  
E

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.

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**SURROUNDING SHEET METAL WORKERS LOCAL UNIONS**

Year	Your SMART Local			SMART			SMART			SMART		
	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package	Wage Rate	Fringe Benefits	Total Package

NOTE: Data must include information on all sheet metal locals immediately adjacent to the area in dispute. Additional areas may be included if representative of the market in the area in dispute. Wage data should be provided for the past six (6) years and three (3) future years, if applicable.

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**MARKET SHARE**

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Indicate here the percentage of market share the unionized sheet metal industry has in the area of dispute. If the contract covers more than one market (Commercial, Industrial, Residential, Service, Architectural, etc.) within the sheet metal industry, please list each market separately and its corresponding market share. Explain in detail how the market share information was compiled.

<b>UNION'S POSITION</b>	<b>EMPLOYER'S POSITION</b>