BENCH DECISION AND AWARD

State of Ohio :

ARBITRATOR:

_____ :
Department

:

and

: _____
Grievance No.

_____
Union :

_____ : _____
Grievant Hearing Date

:

Employer Advocate: _____

Union Advocate: _____

ISSUE(S): _____

_____

_____

_____

AWARD:

_____

_____

_____

_____

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_____ _____
Arbitrator's Signature Date:

_____
Location of Arbitration