



**STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF LABOR
MEDIATION AND CONCILIATION DIVISION**

**10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190
Phone: 501-683-5903 Fax: 501-682-4535 TRS: 800-285-1131**

NOTICE TO STATE MEDIATION AGENCY

1. Select the type of notice:
2. Enter the date the contract expires:
3. Enter the name and complete mailing address of the employer:

4. Enter the contact person for the employer:
5. Enter the phone number of the contact person:
6. Enter the name and the complete mailing address of the Union (include the local/lodge#)

7. Enter the Union contact person:
8. Enter the phone number for the Union contact:
9. Enter the type of business or service:
10. How many employees are covered by the contract?
11. Date submitted:
12. Submitted by:

*Click below to submit by email or print and mail to:

Arkansas Department of Labor
Mediation Division
10421 West Markham
Little Rock, AR 72205-2190