



FEDERAL MEDIATION AND CONCILIATION SERVICE

Service Request Form

AGENCY: Federal Mediation and Conciliation Service (FMCS).

ACTION: 60-day notice and request for comments.

SUMMARY: The Federal Mediation and Conciliation Service (FMCS) invites the public and other Federal Agencies to take this opportunity to comment on the following information collection request, Service Request Form. This information collection request will be submitted for approval to the Office of Management Budget (OMB) in compliance with the Paperwork Reduction Act (PRA). The Service Request Form was developed to process requests for services while ensuring compliance with the paperwork reduction act.

DATES: Comments must be submitted on or before **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

ADDRESSES: You may submit comments, identified by the Service Request Form, through one of the following methods:

- Email: register@fmcs.gov;
- Mail: Office of General Counsel, One Independence Square, 250 E. St. SW, Washington, D.C., 20427.

FOR FURTHER INFORMATION CONTACT: Jennifer Disotell, Associate Deputy Director of Field Operations, 206-553-4821, jdisotell@fmcs.gov.

SUPPLEMENTARY INFORMATION: A copy of the agency form and confirmation PDF are attached. A confirmation PDF will be sent once the form is submitted online.

I. Request for Comments

FMCS solicits comments to:

- i. Evaluate whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.
- ii. Enhance the accuracy of the agency's estimates of the burden of the proposed collection of information.
- iii. Enhance the quality, utility, and clarity of the information to be collected.
- iv. Minimize the burden of the collections of information on those who are to respond, including the use of appropriate automated, electronic collection technologies or other forms of information technology.

II. Information Collection Request

Agency: Federal Mediation and Conciliation Service

Form Number: Not yet assigned

Title: Service Request Form

Type of Request: New Collection

Affected Entities: Federal Government, private sector, private sector (not-for-profit institutions), and state and local government

Frequency: Daily.

Burden: The total annual burden estimate is that FMCS will receive approximately 50 responses per week. This form takes about 5 minutes to complete.

Information Collection Requirement:

29 U.S.C. 172, et seq. authorizes and requires FMCS to perform services dependent upon the information collected in these forms.

Purpose and Description of Data Collection

The information collected will be used by Field Operations to deliver FMCS services to requesters. The Service Request Form is not a statistical survey that will yield quantitative results that can be generalized to the population of study.

III. The Official Record

The official records are electronic records.

Dated: May 13, 2026

Haneefah Allen,

Paralegal Specialist.

FMCS Service Request Form

OMB NO. XXXX-XXXX

Expires XX-XX-XXXX

By completing the following form, you are requesting that FMCS provide a service for you. FMCS will contact you shortly to discuss the nature of your request, details, timelines, etc. FMCS will always discuss the scope of the service with you to ensure the request falls within our scope of authority.

Please do not send your request by email, fax, postal service, or directly to any FMCS employee.

Type of Service Requested* (list of services offered)

Service Category* (List of options including other)

If Other (optional text box)

Work Sector*(select): Private Sector, Federal Sector, Public Sector

Industry or Work Activity * (list of options)

Critical Infrastructure

Pursuant to 42 U.S.C. § 5195c(e), critical infrastructure is defined as “systems and assets, whether physical or virtual, so vital to the United [States](#) that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.” For more information on critical infrastructure, click [here](#).

Does this request pertain to services involving critical infrastructure? * (list of options)

Parties Involved* (select) Both, Employer Only, Union Only

Employer Organization Information

If the employer is a labor union, check this box (if checked, selection of options or text entry via selection of “Other”)

Organization Name* (text entry or select organization name from drop down of over 5000 organization names in the FMCS database)

Address Line 1 *

Address Line 2

City *

State* (all states/provinces listed)

Zip Code*

Employer Web Site

Employer Representative

First Name *

Last Name *

Business Email *

Confirm Email *

Primary Phone *

Ext

Labor Organization Information

Union Full Name * (selection of options or text entry via selection of "Other")

Union Acronym (only appears if select "Other" in Union full name)

Union Unit Number:

Address Line 1 *

Address Line 2

City *

State * (all states/provinces listed)

Zip Code *

Primary Function of Bargaining Unit Employees

Union Representative

First Name *

Last Name *

Business Email *

Confirm Email *

Primary Phone *

Ext

CBA and Bargaining Unit Information

Type of Upcoming Negotiation* (select) Successor Contract (*Expiring existing contract*), Contract Re-Opener (*Mid-term re-opener of existing contract*), Initial Contract (*Initial or First contracts usually do not file. This may cause a duplication in the system since we are already notified by the NLRB. These cases will be assigned to a mediator if they meet the current criteria / metrics for case assignment. If you would like a mediator assigned, email clientservices@fmcs.gov.*)

Estimated Bargaining Unit Size *

Contract Expiration Date * (appears and required if Successor Contract or Contract Re-Opener is selected)

Contract Reopen Date* (appears and required if Contract Re-Opener is selected)

Location of Requested Service

City *

State * (all states/provinces listed)

Zip Code *

How did you hear about our services* (selection of options or text entry via selection of "Other")

Requester

First Name *

Last Name *

Title *

Business Email *

Confirm Email *

Primary Phone *

Ext

Final Instructions

*Please be patient while submitting your Request to FMCS. Do not click the 'Submit' button more than once. Doing so may cause a duplicate submission and no confirmation page.

NOTE:

1. After you submit this request, you should receive a date, time, **AND** a confirmation number as well as an emailed pdf of your request. Please note, only the named Requester on this form will receive an emailed pdf of the request. If you do not receive a confirmation number or email, please contact FMCS at clientservices@fmcs.gov.

If you are having issues with this page, have questions about our Services, or would like someone to contact you to discuss your needs in advance of a service request or following a service delivery, please contact us at clientservices@fmcs.gov, or call us at (202) 606-5499.

FEDERAL MEDIATION & CONCILIATION SERVICE

SERVICE REQUEST FORM

Form Approved
OMB NO. XXXX-XXXX
Expires XX-XX-XXXX

Date Submitted:

Confirmation Number:

This is your electronic receipt of the submission of the service request. For Questions concerning request, undue hardships, or if further assistance is required, please contact our Client Services department by email at clientservices@fmcs.gov or call us at (202) 606-5499.

Work Sector* Private Sector Federal Sector Public Sector

Type of Service Requested*

Service Category* _____ If Other: _____

Industry or Work Activity* _____

Critical Infrastructure

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Does this request pertain to services involving critical infrastructure?*

Employer Organization Information

Organization Name* _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____

Zip Code* _____

Employer Web Site _____

Employer Representative

First Name* _____

Last Name* _____

Business E-Mail* _____

Primary Phone* _____

Ext. _____

Labor Organization Information

Union Full Name* _____

Union ACRONYM _____

Union Unit Number _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____

Zip Code* _____

Primary Function of Bargaining Unit Employees _____

Union Representative

First Name* _____

Last Name* _____

Business E-Mail* _____

Primary Phone* _____

Ext. _____

Type of Upcoming Negotiation * Successor Contract Contract Re-Opener Initial Contract Estimated Bargaining Unit Size* _____

Contract Expiration Date _____

Contract Reopen Date _____

Location of Requested Service: City* _____

State* _____

Zip Code* _____

How Did You Hear About Our Services* _____

If Other: _____

Requester: First Name* _____

Last Name* _____

24. Title* _____

Business E-Mail* _____

Primary Phone* _____

Ext. _____

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