



INSTRUCTIONS FOR FILLING OUT REIMBURSEMENT FORM

1. Purpose of Travel Attend meetings or meet with clients
2. Original Reimbursed Amount The reimbursement form submitted at the time which had been signed by the Supervisor
3. Incremental Rate 3.5 cents
4. Amount Due Add up total amount between February 1 and June 30, 2009.

AWARD :

The State violated its collective bargaining agreements with the five unions that are parties to this arbitration when it issued a memorandum on February 2, 2009 announcing that mileage reimbursement rates for State employees represented by those unions would be decreased from \$0.585 to \$0.55 effective February 1, 2009. Therefore, the State shall reimburse all bargaining unit members for the difference between \$0.585 and \$0.55 per mile for the personal use of their vehicles for State business between February 1 and June 30, 2009. I will retain jurisdiction over this matter for a period of ninety (90) days to resolve any disputes regarding the implementation of this remedy.

May 25, 2011
Newton, MA


John B. Cochran, Arbitrator