

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
4868 High Crossing Blvd., Madison 53704-7403
phone: 608-243-2424 fax: 608-243-2433 e-mail: werc@werc.state.wi.us

STIPULATION FOR FINAL AND BINDING ARBITRATION
PURSUANT TO SECTION 111.77, WIS.STATS.

<p>In the matter of the Stipulation to Initiate Arbitration Between</p> <hr/> <hr/> <p style="text-align: center;">and</p> <hr/> <hr/>	
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THE FILING FEE FOR INTEREST ARBITRATION IS \$800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A STIPULATION AND \$400 IS RECEIVED AT WHICH TIME THE OTHER PARTY IS BILLED BY THE COMMISSION FOR THE REMAINING \$400.

Instructions: Submit a total of one copy of this stipulation to the Commission. Attach additional sheets if necessary.

1. Name and address of Municipal Employer:

Principal rep. name/title:
E-mail (if any):
Address (if different from Municipal Employer's):

Phone No.:
Fax No. (if any):

2. Name and address of the Union:

Principal rep. name/title:
E-mail (if any):
Address (if different from Union's):

Phone No.:
Fax No. (if any):

3. Description of the collective bargaining unit involved with inclusions and exclusions:

Approximate number of employees in unit: _____

4. List the issue or issues at impasse between the parties.

5. The parties participated in mediation conducted by:

6. (Check one):

1) The parties desire that the arbitration be limited to the selection of one party's final offer.

2) The parties have agreed not to proceed under (1) above and agree to give the arbitrator authority to determine all issues in dispute.

7. Attach a statement hereto setting forth relevant facts pertaining to compliance by the parties with the provisions set forth in Sec. 111.77(1) and (2), Wis. Stats.

I declare that I have read this stipulation and that the statements it contains are true to the best of my knowledge and belief.

MUNICIPAL EMPLOYER by: Name _____ Title _____

Signature/facsimile _____ Date _____

LABOR ORGANIZATION by: Name _____ Title _____

Signature/facsimile _____ Date _____