

**State of Wisconsin  
Employment Relations Commission  
2418 Crossroads Drive, Suite 1000, Madison, WI 53718-7896  
Phone: 608-243-2424 Fax: 608-243-2433  
Email: werc@werc.state.wi.us**

**REQUEST TO INITIATE GRIEVANCE ARBITRATION**  
(Pursuant to § 111.10 of WEPA or §§ 111.70(4)(c) or (4)(cg) of MERA or § 111.86 of SELRA)

|   |   |
|---|---|
| <b>REQUESTING PARTY OR PARTIES:</b>                     | <b>THE FILING FEE FOR GRIEVANCE ARBITRATION IS \$800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A REQUEST AND \$400 IS RECEIVED, AT WHICH TIME THE OTHER PARTY IS BILLED BY THE COMMISSION FOR THE REMAINING \$400.</b> |
| <input type="checkbox"/> Employee or Labor Organization |   |
| <input type="checkbox"/> Employer                       |   |
| <input type="checkbox"/> Joint                          |   |

**All Information is Required**

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| <b>Name of Employee or Labor Organization</b>               |                      | <b>Name of Employer</b>                                     |                      |
|   |                      |   |                      |
| <b>Street Address, City, State, Zip Code</b>                |                      | <b>Street Address, City, State, Zip Code</b>                |                      |
|   |                      |   |                      |
| <b>Telephone No.</b>  | <b>Email Address</b> | <b>Telephone No.</b>  | <b>Email Address</b> |
|   |                      |   |                      |
| <b>Name of Representative</b>                               |                      | <b>Name of Representative</b>                               |                      |
|   |                      |   |                      |
| <b>Street Address, City, State, Zip Code (if different)</b> |                      | <b>Street Address, City, State, Zip Code (if different)</b> |                      |
|   |                      |   |                      |
| <b>Telephone No.</b>  | <b>Email Address</b> | <b>Telephone No.</b>  | <b>Email Address</b> |
|   |                      |   |                      |
| <b>Name of Representative 2</b>                             |                      | <b>Name of Representative 2</b>                             |                      |
|   |                      |   |                      |
| <b>Street Address, City, State, Zip Code</b>                |                      | <b>Street Address, City, State, Zip Code</b>                |                      |
|   |                      |   |                      |
| <b>Telephone No.</b>  | <b>Email Address</b> | <b>Telephone No.</b>  | <b>Email Address</b> |
|   |                      |   |                      |

**Briefly describe the nature of the grievance (example: J. Smith Discharge) and attach a copy of the grievance, the employer's response thereto, and the entire collective bargaining agreement involved.**

**The initiating party(ies) may request the appointment or submission of one of the following to issue a final and binding arbitration award. Select Applicable Statement:**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> A WERC commissioner or staff member to serve as sole arbitrator or as arbitration board chair.      | The parties jointly request (if available) |  |
| <input type="checkbox"/> A panel of WERC commissioners/staff members   | Number of names requested                  |  |
| <input type="checkbox"/> A panel of ad hoc arbitrators<br><b>(No Filing Fee or Collective Bargaining Agreement Required)</b> | Number of names requested                  |  |

|   |  |              |  |
|---|--|--------------|--|
| <b>Date Form Was Sent to the Commission and, Unless the Request is Joint, to the Other Party</b>  |  |              |  |
| <p><b>Arbitration awards issued by employees of the Wisconsin Employment Relations Commission are public records and are published on the Commission's website. Copies of any arbitration awards received from Non-WERC ad hoc arbitrators are also public records and published on WERC's website.</b></p> |  |              |  |
| <p><b>I declare I have read the contents of this request and that the statements are true and correct to the best of my knowledge.</b></p>  |  |              |  |
| <b>Name</b>   |  | <b>Title</b> |  |
| <b>Signature</b>  |  | <b>Date</b>  |  |
| <b>Name</b>   |  | <b>Title</b> |  |
| <b>Signature</b>  |  | <b>Date</b>  |  |