

**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)

REQUESTING PARTY OR PARTIES:		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.	
<input type="checkbox"/>	Employee or Labor Organization		
<input type="checkbox"/>	Employer		
<input type="checkbox"/>	Joint		
All Information is Required			
Name of Employee or Labor Organization		Name of Employer	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative		Name of Representative	
Street Address, City, State, Zip Code (if different)		Street Address, City, State, Zip Code (if different)	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative 2		Name of Representative 2	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
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		Number of names requested	
(No Filing Fee or Collective Bargaining Agreement Required)			

Date Form Was Sent to the Commission and, Unless the Request is Joint, to the Other Party			
I declare I have read the contents of this request and that the statements are true and correct to the best of my knowledge.			
Name		Title	
Signature		Date	
Name		Title	
Signature		Date	