

State of Wisconsin
Employment Relations Commission
 4868 High Crossing Blvd., Madison, WI 53704-7403
 Phone: 608-243-2424 Fax: 608-243-2433
 Email: werc@werc.state.wi.us

NOTICE OF COMMENCEMENT OF CONTRACT NEGOTIATIONS

(Pursuant to §§ 111.70(4)(cm)1 or (4)(cg)5 of MERA)

Complete and submit this form and, at the same time, serve a copy on the other party. The Wisconsin Employment Relations Commission's receipt of this notice does not constitute a request for mediation. Please attach a copy of any voluntary impasse procedure.

You are hereby notified that the party filing this Notice summoned the other party involved in writing regarding our intent to:

- Commence negotiations leading to a successor collective bargaining agreement.
 Commence negotiations leading to an initial collective bargaining agreement.

All Information is Required

Name of Employer		Name of Labor Organization	
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
General description of position(s) included in the collective bargaining unit.			
Approximate number of employees in unit	Effective date of existing contract (if any)	Termination date of existing contract (if any)	
Date reflected in contract, if any, on which notice of open negotiations must be served.			
Select applicable statement:			
<input type="checkbox"/> <i>The parties have agreed to a voluntary impasse procedure</i> <input type="checkbox"/> <i>The parties have not agreed to a voluntary impasse procedure</i>			
Party filing this notice (select one):			
<input type="checkbox"/> <i>Municipal Employer</i> <input type="checkbox"/> <i>Labor Organization</i>			
Signature	Title	Date	