

**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**

REQUEST FOR IMPARTIAL HEARING OFFICER

INITIATING PARTY OR PARTIES:		THE FILING FEE FOR AN IMPARTIAL HEARING OFFICER IS \$800 TO BE PAID CONSISTENT WITH THE EMPLOYER'S GRIEVANCE PROCEDURE. PROCESSING BEGINS WHEN A REQUEST AND THE APPLICABLE FILING FEE ARE RECEIVED BY THE COMMISSION.	
<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
List and Describe the Issue(s) in Dispute			
<input type="checkbox"/> The initiating party requests that the Commission assigns a Commissioner or WERC Staff Member as an impartial hearing officer.			
<input type="checkbox"/> The parties jointly request the following Commissioner or WERC Staff Member as an impartial hearing officer (if available)			
Date Form Was Sent to the Commission and Unless Request Is Joint, to the Other Party			

I declare I have read the contents of this request and the statements are true and correct to the best of my knowledge.

Name		Title	
Signature		Date	
Name		Title	
Signature		Date	