

**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 FOR IMPARTIAL HEARING OFFICER**

<b>INITIATING PARTY OR PARTIES:</b>	<b>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.</b>
<input type="checkbox"/> Employee or Labor Organization	
<input type="checkbox"/> Employer	
<input type="checkbox"/> Joint	

**All Information is Required**

Parties are hereby advised that independent hearing officer decisions issued by the Commission Chairman or a staff attorney are published in their entirety on the WERC website to provide transparency to the public and as a resource for parties that may use the WERC's services in future matters. In instances where confidential medical information is or may be referenced in the independent hearing officer decision, the parties should bring this to the Commission's attention so that privacy may be respected as part of the publication process.

<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>

**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)	

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