

**STATE OF WISCONSIN**  
**WISCONSIN EMPLOYMENT RELATIONS COMMISSION**  
P.O. Box 7870, Madison, WI 53707-7870  
phone: (608) 266-1381 fax: (608) 266-1381 e-mail: werc@werc.state.wi.us

**JOINT PETITION FOR FACT FINDING IN STATE EMPLOYMENT**

<p>In the Matter of the Joint Petition of</p> <p>_____</p> <p>_____</p> <p>and</p> <p>_____</p> <p>_____</p> <p>To Initiate Fact Finding Between Said Parties</p>	<p><b>THE FILING FEE FOR FACT FINDING IS \$800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A JOINT PETITION AND \$400 IS RECEIVED AT WHICH TIME THE OTHER PARTY IS BILLED BY THE COMMISSION FOR THE REMAINING \$400.</b></p>
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**Instructions:** Complete and submit petition to the Commission at Madison. If filing in paper form, submit a total of 2 copies.

1. The petitioning parties jointly allege that the parties named below are deadlocked after a reasonable period of negotiations and jointly request the Wisconsin Employment Relations Commission to proceed under its proper authority, pursuant to Sec. 111.88 of the Wisconsin Statutes, and conduct an investigation to determine whether fact finding should be initiated and certify to the parties the Findings of Fact and Conclusions with regard thereto.

2. Name and address of the State Employer involved:

Principal rep. name/title:  
E-mail address (if any):  
Address (if different from State Employer's):

Phone No.:  
Fax No. (if any):

3. Name, affiliation and address of the Labor Organization involved:

Principal rep. name/title:  
E-mail address (if any):  
Address (if different from Labor Organization's):

Phone No.:  
Fax No. (if any):

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4. Describe the collective bargaining unit with inclusions and exclusions.

Number of Employees: \_\_\_\_\_

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5. List and describe the issues in dispute.

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6. The parties participated in mediation conducted by:

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I declare that I have read the contents of this petition and that the statements it contains are true to the best of my knowledge and belief.

STATE EMPLOYER by: Name \_\_\_\_\_ Title \_\_\_\_\_

Signature/facsimile \_\_\_\_\_ Date \_\_\_\_\_

LABOR ORGANIZATION by: Name \_\_\_\_\_ Title \_\_\_\_\_

Signature/facsimile \_\_\_\_\_ Date \_\_\_\_\_