

WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. BOX 7870
MADISON, WI 53707-7870
phone: (608) 266-1381 fax: (608) 266-6930 e-mail: werc@werc.state.wi.us

REQUEST TO INITIATE GRIEVANCE ARBITRATION

(Pursuant to Sec. 111.10 of WEPA or Sec. 111.70(4)(c) of MERA or Sec. 111.86 of SELRA)

1. **Requested by:**
- _____ Employee Organization
- _____ Employer
- _____ Joint
- 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.**

2. **Identity of Parties Involved:**

Employee Organization	Employer
Representative	Representative
Street/Mailing Address	Street/Mailing Address
City and Zip Code	City and Zip Code
Telephone Number	Telephone Number
E-mail Address (if any)	E-mail address (if any)
Fax Number (if any)	Fax Number (if any)

3. **Nature of Grievance(s) Involved:** _____

(BRIEFLY IDENTIFY AND DESCRIBE THE GRIEVANCE ABOVE (example: J. Smith, discharge) **AND ATTACH A COPY OF THE GRIEVANCE, THE EMPLOYER'S RESPONSE THERETO AND THE ENTIRE COLLECTIVE BARGAINING AGREEMENT INVOLVED**)

4. **Number of Employees Involved:** _____

5. **The requesting party (parties) request(s) the appointment or submission of one of the following to issue a final and binding arbitration award:** (Check the appropriate line)

- _____ A WERC commissioner or staff member to serve as sole arbitrator or as arbitration board chair.
(The parties jointly request _____, if available.)
- _____ A list of WERC commissioners/staff members (Number of names requested is _____)
- _____ A list of Ad Hoc arbitrators (Number of names requested is _____)
- (NO FILING FEE OR COLLECTIVE BARGAINING AGREEMENT REQUIRED)**

6. **Date this form was sent to the WERC:** _____.