

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 MEDIATION

(Pursuant to Sec. 111.11 of WEPA or 111.70(4)(c)1 or (4)(cm)3 of MERA or 111.87 of SELRA or Sec. 111.994 of FASLRA)

1. Requesting Party or Parties:

- Employee Organization
- Employer
- Joint

THE FILING FEE FOR MEDIATION IS \$800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN THE 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. Description of Collective Bargaining Unit(s) Involved:

4. Nature of Dispute Involved: (check one and provide information accordingly):

contract negotiation dispute

-Was/is there an existing collective bargaining agreement? No ___; Yes ___, expired/es on _____.

-Does the Employee Organization involved represent any other employees of the Employer in a separate bargaining unit? No ___ Yes ___ If so, are the parties engaged in negotiations regarding the other unit(s)? No ___ Yes ___ If yes, indicate the number of meetings held _____

grievance dispute (Identify and describe the grievance involved, example: J. Smith, discharge) _____

other labor dispute (Describe the issues involved): _____

5. Number of employees affected by the dispute: _____

6. The requesting party (parties) request(s) designation of a Commission member or staff member as mediator. (The parties jointly request _____ if available.)

7. Date this form was sent to the WERC and (unless request is joint) to the other party: _____