

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)

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:** _____