

WERC AD HOC GRIEVANCE ARBITRATOR'S REPORT AND FEE STATEMENT

Arbitrator: _____ A/P _____

Employer Name _____ Employer Address _____

Union Name _____ Union Address _____

Date Notified of Selection: _____ Single Arbitrator ___ Panel ___

Date of Hearing: _____ City: _____

If Settled Prior to or During Hearing, So Indicate: Prior ___ During ___

Was Transcript Taken: YES ___ NO ___ Number of Pages _____

Were Briefs Filed: YES ___ NO ___ If Yes, Date Last Brief Rec'd _____

Was there any waiver by Parties on the date the award was due? Yes ___ No ___ No Contractual Requirement ___

Date of Award: _____

Fees:

No. of Days: _____ + _____ x _____ = _____
Hearing Travel Per Diem Rate Total

Preparation of Award: _____ x _____ = _____
Days Per Diem Rate Total

Expenses: _____ + _____ = _____
Transportation Other Total

Total Charges

Amount Payable by Employer _____ Amount Payable by Union _____

Date of this Report: _____

OPTIONAL INFORMATION

Signature/facsimile: _____

Soc. Sec. # _____ - _____ - _____
(For IRS Reporting Requirements)

PLEASE ATTACH COPY OF AWARD, IF ANY, TO THIS REPORT, AND MAIL, FAX OR E-MAIL TO WISCONSIN EMPLOYMENT RELATIONS COMMISSION, P.O. BOX 7870, MADISON, WISCONSIN 53707-7870, FAX: (608-266-6930, E-MAIL: WERC@WERC.STATE.WI.US PLEASE BE ADVISED THAT YOUR AWARD BECOMES A MATTER OF PUBLIC RECORD UPON RECEIPT BY THE COMMISSION