

REPORT AND FEE STATEMENT OF MIA INTEREST ARBITRATOR
(LAW ENFORCEMENT AND FIREFIGHTING PERSONNEL)

Arbitrator: _____ MIA No. _____

Employer Name _____ Employer Address _____

Union Name _____ Union Address _____

Date Order Appointing: _____ Single Arbitrator ___ Panel ___

Dates of Hearing: _____ City: _____

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

Was Transcript Taken: YES ___ NO ___ Number of Pages _____ Date Rec'd _____

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

Date of Award: _____ Offer Selected: ___Employer's ___Union's

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

Signature/facsimile: _____

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. Interest awards shall be transmitted immediately upon issuance to the commission in electronic form, either by diskette or e-mail.