



**PETITION FOR ACT 312 ARBITRATION  
EMPLOYMENT RELATIONS COMMISSION**  
Michigan Department of Licensing and Regulatory Affairs

**AUTHORITY:** P.A. 312 of 1969, as amended  
**COMPLETION:** MANDATORY  
**PENALTY:** CASE WILL NOT BE  
PROCESSED WITHOUT USE  
AND COMPLETION OF THIS  
FORM

|  |  |                                   |          |   |  |         |          |
|--|--|-----------------------------------|----------|---|--|---------|----------|
| MEDIATION CASE NO:   |  |                                   |          | MEDIATOR:   |  |         |          |
| 1. PUBLIC EMPLOYER NAME  |  |                                   |          | EMPLOYER CONTACT/REPRESENTATIVE NAME:                 |  |         |          |
| ADDRESS (STREET NO. & NAME)  |  |                                   |          | ADDRESS (STREET NO. & NAME )                          |  |         |          |
| CITY   |  | STATE                             | ZIP CODE | CITY  |  | STATE   | ZIP CODE |
| TELEPHONE WITH AREA CODE   |  | FAX NO.                           | E-MAIL   | TELEPHONE WITH AREA CODE                              |  | FAX NO. | E-MAIL   |
| 2. LABOR ORGANIZATION NAME   |  |                                   |          | LABOR CONTACT/REPRESENTATIVE NAME:                    |  |         |          |
| ADDRESS (STREET NO. & NAME)  |  |                                   |          | ADDRESS (STREET NO. & NAME )                          |  |         |          |
| CITY   |  | STATE                             | ZIP CODE | CITY  |  | STATE   | ZIP CODE |
| TELEPHONE WITH AREA CODE   |  | FAX NO.                           | E-MAIL   | TELEPHONE WITH AREA CODE                              |  | FAX NO. | E-MAIL   |
| PURSUANT TO SECTION 423.505: THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS PETITION:  |  |                                   |          |   |  |         |          |
| <input type="radio"/> A COPY OF THE MOST RECENT LABOR AGREEMENT BETWEEN THE PARTIES      |  |                                   |          | <input type="radio"/> A COPY OF THE ISSUES IN DISPUTE |  |         |          |
| <input type="radio"/> THE ISSUES HAVE BEEN IDENTIFIED AS EITHER ECONOMIC OR NON-ECONOMIC |  |                                   |          |   |  |         |          |
| THIS PETITION IS FILED BY:   |  | <input type="checkbox"/> EMPLOYER |          | <input type="checkbox"/> UNION                        |  |         |          |
| DATES OF MEDIATION MEETINGS:   |  |                                   |          |   |  |         |          |
| UNIT DESCRIPTION:  |  |                                   |          |   |  |         |          |
| NO. OF EMPLOYEES IN UNIT:  |  |                                   |          | CONTRACT EXPIRATION DATE:                             |  |         |          |

**THE PETITIONER HAS ENGAGED IN GOOD FAITH BARGAINING AND MEDIATION, AND THE PARTIES HAVE NOT SUCCEEDED IN RESOLVING THE DISPUTED MATTERS.**

**I HAVE READ THE ABOVE PETITION AND THE STATEMENTS THEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
PRINT NAME/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**SERVE ORIGINAL PETITION ON THE OTHER PARTY OR ITS REPRESENTATIVE AND FILE THREE COPIES AND A PROOF OF SERVICE WITH THE COMMISSION. ALSO ATTACH A COPY OF THE DOCUMENTS DESCRIBED ABOVE.**

*The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.*

**OFFICE USE ONLY:      Date Petition Received:      Date Panel Issued:      Date of Last Best Offer:      Date of Hearing:      Date of Final Award:**