



**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 RULE 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			
DATE MEDIATION REQUESTED :				DATES AND TIMES 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: