PETITION FOR ACT 312 ARBITRATION
EMPLOYMENT RELATIONS COMMISSION
Michigan Department Of Labor & Economic Growth

MEDIATION CASE NO.
MEDIATOR

AUTHORITY: P.A. 312 OF 1969, AS AMENDED COMPLETION: MANDATORY PENALTY : CASE WILL NOT BE OPENED WITHOUT USE OF THIS FORM	THE DEPARTMENT OF DLEG WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.
(A) INSTRUCTIONS: 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 IN (B) BELOW.	**(B) IF THE PARTIES HAVE MUTUALLY SELECTED AN ARBITRATOR, PLEASE PROVIDE THE NAME AND TELEPHONE NO. / FAX NO.**

(C) ☐ **A COPY OF THE MOST RECENT LABOR AGREEMENT BETWEEN THE PARTIES IS ATTACHED.** ☐ **A COPY OF THE LAST OFFER MADE BY EACH PARTY TO SETTLE THE AGREEMENT IS ATTACHED**

(D) THIS PETITION IS FILED BY: ☐ **EMPLOYER** ☐ **UNION**

1. PUBLIC EMPLOYER NAME			**PRINCIPAL REPRESENTATIVE NAME**		
ADDRESS (STREET NO. AND NAME)			ATTN:		TELEPHONE NO. FAX NO.
CITY	STATE	ZIP CODE	ADDRESS (STREET NO. AND NAME)		
TELEPHONE NO. (INCLUDE AREA CODE)	FAX NO.		CITY	STATE	ZIP CODE
2. LABOR ORGANIZATION NAME			**PRINCIPAL REPRESENTATIVE NAME**		
ADDRESS (STREET NO. AND NAME)			ATTN:		TELEPHONE NO. FAX NO.
CITY	STATE	ZIP CODE	ADDRESS (STREET NO. AND NAME)		
TELEPHONE NO. (INCLUDE AREA CODE)	FAX NO.		CITY	STATE	ZIP CODE
3. UNIT DESCRIPTION			NO. OF EMPLOYEES IN UNIT	CONTRACT EXPIRATION DATE	
			CERTIFICATION OF REPRESENTATIVE ISSUED BY THE MICHIGAN EMPLOYMENT RELATIONS COMMISSION (IF KNOWN): CASE NO. DATE		

4. THE PETITIONER HAS ENGAGED IN GOOD FAITH BARGAINING AND MEDIATION AND THE PARTIES HAVE NOT SUCCEEDED IN RESOLVING THE DISPUTED MATTERS. THE FOLLOWING IS A LIST OF ANY ISSUES IN DISPUTE AND THE RELATED FACTS THERETO(USE ADDITIONAL SHEETS IF NEEDED):

5. NO. OF MEDIATION MEETINGS HELD	DATES AND DURATION OF MEETINGS

6. 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 _____

INTERNET