

BUREAU OF MEDIATION SERVICES
 STATE OF MINNESOTA
 1380 ENERGY LANE, SUITE 2
 ST. PAUL, MINNESOTA 55108-5253

REQUEST FOR ARBITRATOR PANEL

NAME OF UNION: _____
Address: _____

_____ **Phone:** () -
 City State Zip

Name of Representative: _____
Address: _____

_____ **Phone:** () -
 City State Zip

E-Mail Address: _____

NAME OF EMPLOYER: _____
Address: _____

_____ **Phone:** () -
 City State Zip

Name of Representative: _____
Address: _____

_____ **Phone:** () -
 City State Zip

E-Mail Address: _____

Type of Employer:

- | | | |
|--|--|--|
| <u>Public</u> | <u>Private</u> | |
| <input type="checkbox"/> County | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> School District | <input type="checkbox"/> Construction | <input type="checkbox"/> Retail Food/Grocery |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> Dairy Industry | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> State | <input type="checkbox"/> Hospital or Nursing | <input type="checkbox"/> Communication/power |
| <input type="checkbox"/> U of M | <input type="checkbox"/> Home | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Special Bd. or | <input type="checkbox"/> Hotel, Bar & Rest. | _____ |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Manufacturing | _____ |

Type of Bargaining Unit Involved:

- | | | |
|--|---|--|
| <input type="checkbox"/> K-12 Teachers | <input type="checkbox"/> Nurses | <input type="checkbox"/> Hwy/Pub.Wks./Pks. |
| <input type="checkbox"/> Police/Fire/Corr. | <input type="checkbox"/> Clerical/Admin. | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Supervisory | <input type="checkbox"/> Social Services | <input type="checkbox"/> Higher Ed Instructional |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> Maintenance/Trades | <input type="checkbox"/> Wall to Wall |
| <input type="checkbox"/> Principals/ | <input type="checkbox"/> Service & Support | <input type="checkbox"/> Other Professional |
| <input type="checkbox"/> Asst. Principals | <input type="checkbox"/> Other _____ | |

Date grievance/dispute first made known to employer: _____

Nature of Dispute (i.e. discharge, overtime, etc.): _____

X _____
 Signature

 Print or Type Name of Person Signing

 Organization

Date: _____

X _____
 Signature

 Print or Type Name of Person Signing

 Organization

Date: _____

Only one signature is required for Arbitrator Panels.