

State of Minnesota
Bureau of Mediation Services
1380 Energy Lane, Suite Two
St. Paul, Minnesota 55108-5253
(612) 649-5421

Request for
Labor-Management Committee Exploration

Case #: _____
Hist: #: _____

Name of Employer: _____
Address: _____ City _____ State: _____ Zip: _____
Name of Representative: _____ Phone: (____) _____
Signature of Representative: _____

Name of Union: _____
Address: _____ City _____ State: _____ Zip: _____
Name of Representative: _____ Phone: (____) _____
Signature of Representative: _____

Name of Union: _____
Address: _____ City _____ State: _____ Zip: _____
Name of Representative: _____ Phone: (____) _____
Signature of Representative: _____

Name of Union: _____
Address: _____ City _____ State: _____ Zip: _____
Name of Representative: _____ Phone: (____) _____
Signature of Representative: _____

(Attach additional sheet if needed)

Type of Employer:

<u>Public</u>	<u>Private</u>	
____ County	____ Auto Repair	____ Meat Processing
____ School District	____ Construction	____ Retail Food/Grocery
____ Municipality	____ Dairy Industry	____ Transportation
____ State	____ Hospital or Nursing Home	____ Communication/Power
____ U of M	____ Hotel, Bar or Restaurant	____ Other (Specify _____)
____ Special Board or Comm.	____ Manufacturing	

Date of this request: _____

Unless otherwise provided in a collective bargaining agreement, participation in labor-management committee efforts is by mutual agreement

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Facilitator Assigned: _____ Date Assigned: _____
Date of First Exploratory Session: _____

Date Facilitation Ended: _____
x _____
Facilitator