PETITION FOR MEDIATION SERVICES
(PUBLIC SECTOR)

Bureau of Mediation Services
State of Minnesota
1380 Energy Lane, Suite 2
St. Paul, MN 55108-5253

Name of Petitioning Organization ____________________________________________
Address ____________________________________________ Phone ________________

Name of Chief Negotiator/Contact ____________________________________________
Address ____________________________________________ Phone ________________
E-Mail Address ____________________________________________

Name of Other Party _________________________________________________________
Address ____________________________________________ Phone ________________
Name of Chief Negotiator/Contact ____________________________________________
Address ____________________________________________ Phone ________________
E-Mail Address ____________________________________________

List three dates and times petitioner is available for mediation: 1st __________ 2nd __________ 3rd __________

Type of Government Agency:  □ County  □ Municipality  □ School District  □ Spec Board/Commission □ State  □ U of M
Type of Mediation Requested:  □ Contract  □ Grievance

Type of Bargaining Unit Involved: (file a separate petition for each appropriate unit) Check the ONE designation which is most appropriate.

- □ K-12 Teachers
- □ Police/Fire/Corrections
- □ Supervisory
- □ Confidential
- □ Principals/Asst.Principals
- □ RN’s
- □ Clerical/Administrative
- □ Social Services
- □ Maintenance & Trades
- □ Service & Support
- □ Highway/Public Works/Parks
- □ Technical
- □ Wall-to-Wall
- □ Other Professional
- □ Other ____________________________

Status of Employees Involved:  □ Essential  □ Other Than Essential

Number of Employees in Unit: _____ Number of Prior Negotiating Meetings Held: _____ Date of 1st Negotiating Meeting: ___________

Concise Statement of the Nature of This Dispute and Unresolved Issues: ___________________________________________
___________________________________________________________________________
___________________________________________________________________________

Date Current Contract Expires: _______________________________________________

Check if this is a First Contract  □  Check if this is a Mid Contract Re-opener  □

Date of Petition: _______________________

PETITIONER MUST SEND A COPY OF THIS PETITION TO THE OTHER PARTY.

Date Petitioner Sent Copy to Other Party Above: ___________________________

x ______________________________________________  Authorized Signature

Completed petition may be faxed to 651-643-3013
(If petition is faxed – please do not mail the original)  Title of Person Signing this Petition

6/08