

MEDIATION REQUEST FORM

(File original and 2 copies with the Maine Labor Relations Board,
90 State House Station, Augusta, Maine 04333-0090.)

REQUESTING PARTY:

OPPOSITE PARTY:

Name _____

Name _____

Organization _____

Organization _____

Address _____

Address _____

_____ Zip _____

_____ Zip _____

Telephone _____

Telephone _____

E-Mail (if available) _____

E-Mail (if available) _____

Fax (if available) _____

Fax (if available) _____

Name all units involved:

DESCRIPTION OF ISSUE(S) TO BE DISCUSSED IN MEDIATION: (List issues in dispute.)

This is for an initial contract _____

Termination or reopener

successor contract _____

date: _____

reopener _____

Date: _____

(Signature and capacity of requesting party)