

5505.0400 REQUIRED INFORMATION.

The request shall be addressed to the commissioner of mediation services and shall contain the following information:

A. the type of organization making the request, be it labor organization, employer, employee, or unorganized group of employees, and the name, address, and telephone number of the petitioner or petitioners;

B. the name, address, and telephone number of the agent or attorney who represents the petitioner or petitioners;

C. the name, address, and telephone number of the opposing party in the dispute;

D. the name, address, and telephone number of the agent or attorney for the opposing party, if known;

E. the names, addresses, and telephone numbers of all other individuals or labor organizations known to have an interest in or claiming to represent any of the employees involved;

F. the nature of the business of the employer;

G. the approximate total number of employees in the unit the petitioner claims is appropriate, and a statement as to the bargaining unit or units claiming the right of representation, whether employer unit, craft unit, plant unit, or other unit as proposed by the petitioner; and

H. a detailed list of the classifications in the proposed appropriate bargaining unit, indicating the number of employees in each classification.

Statutory Authority: *MS s 179A.04*

History: *L 1987 c 186 s 15*

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