

 COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR RELATIONS PETITION FOR MEDIATION AND FACT-FINDING IN PUBLIC EMPLOYMENT OR VOLUNTARY INTEREST MEDIATION		DO NOT WRITE IN THIS SPACE	
		Case No.	Date Filed
The petitioner hereby requests that the DLR proceed under the applicable provisions of M.G.L. c.150E, Section 9, M.G.L.c.150, Section 6 and 456 CMR 21.00.			
1. Employer's Name Town of Winthrop		2. Telephone Number 617-846-1078	
3. Employer's Address (street and no., city/town, state, and zip code) 1 Metcalf Square Winthrop, MA 02152		4. Fax Number 617-845-5458	
5. Employer's Labor Relations Representative James McKenna	6. Email Address townmanager@town.winthrop.ma.us	7. Telephone Number 617-846-1078	
8. Employer's Representative's Address (street and no., city/town, state, and zip code) 1 Metcalf Square Winthrop, MA 02152		9. Fax Number 617-845-5458	
10. Labor Organization's Name Teamsters Local 25		11. Telephone Number 617-241-8825	
12. Labor Organization's Address (street and no., city/town, state, and zip code) 544 Main Street Charlestown, MA 02129		13. Fax Number 617-242-4284	
14. Labor Organization's Representative's Name John A. Murphy	15. Email Address jmurphy@teamsterslocal25.com	16. Telephone Number 617-241-8825	
17. Labor Organization's Representative's Address (street, city/town, state, and zip code) 544 Main Street Charlestown, MA 02129		18. Fax Number 617-242-4284	
19. This Petition is being filed: (check one) Jointly ☐ (If checked, complete sections 26 through 31 and skip section 32) Employer Only ☐ (if checked, complete sections 26 - 28 & 32, skip sections 26-28) Labor Org. Only ☒ (if checked, complete sections 29 - 31 & 32, skip sections 26-28)			
20. Description of Collective Bargaining Unit Involved: Clerical Clerks		21. Number of Employee in Unit: 15	
22. Brief Statement of Issue(s) Over Which Impasse Exists: Wages, Working Hours and Health Care Cost			
23. Contract Expiration Date: 06/30/2014	24. Date Negotiations Commenced: 06/23/2014	25. # Negotiation Sessions to Date Five	
26. Employer's Representative Name James McKenna	27. Signature	28. Date	
29. Labor Organization's Rep.'s Name John A. Murphy	30. Signature 	31. Date 03/10/2015	
32. CERTIFICATE OF SERVICE			
I hereby certify that I have served a copy of this Petition on the representative of the opposing party.			
Method of Service ☐ In hand ☒ First Class Mail ☐ Other (specify): _____			
Signature and Title of Person making Certification			
801 CMR 4.00 4.02: 456 Department of Labor Relations (4) The filing fee for a petition for mediation and fact-finding pursuant to M.G.L. Chapter 150, s.6 and 456 CMR 21.03 or for a request for voluntary interest mediation pursuant to 456 CMR 21.04 is \$1,000; provided, however, that the fee shall be paid in equal shares by the party seeking application and the answering party; provided, further, that the Director of the Department of Labor Relations may, where appropriate, provide for the waiver of the filing fee for any particular controversy or classes of controversies.			