**PELRB Form #16 (Revised 3-15-23)**

**STATE OF NEW MEXICO**

**PUBLIC EMPLOYEE LABOR RELATIONS BOARD**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Complainant,

v. PELRB No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Respondent.

**STIPULATED PRE-HEARING ORDER**

Pursuant to the Scheduling Notice issued by PELRB Director Thomas J. Griego, the parties hereby submit this stipulated pre-hearing Order. Attorneys representing the parties are:

For PETITIONER

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For RESPONDENT

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF THE CASE AND BURDEN OF PROOF**

**STATEMENT OF CONTESTED ISSUES AND FACTS**

1. **Complainant States:**
2. **Respondent States:**

**STIPULATIONS AS TO MATTERS NOT IN DISPUTE**

The parties hereto stipulate and agree to the following facts:

The parties hereto stipulate that the following issues are not in dispute:

**OTHER DEADLINES**

**WITNESS AND EXHIBIT LISTS**

1. **Complainant’s Witness List:**
2. **Complainant’s Exhibit List:**
3. **Respondent’s Witness List**
4. **Respondent’s Exhibit List**

**EXCEPTIONS**

(Where counsel cannot agree to any recitation herein, exceptions shall be listed.)

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Thomas J. Griego

Executive Director, PELRB

APPROVED WITH/WITHOUT EXCEPTIONS

(note exceptions above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Complainant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Respondent