

State of Wisconsin
Employment Relations Commission
 4868 High Crossing Blvd., Madison, WI 53704-7403
 Phone: 608-243-2424 Fax: 608-243-2433
 Email: werc@werc.state.wi.us

PETITION FOR ELECTION
 (Pursuant to § 111.05 of WEPA or § 111.70(4)(d) of MERA or § 111.83 of SELRA)

Complete and submit this form and attach a showing of interest in support of the request if required.

The initiating party requests the Wisconsin Employment Relations Commission to conduct an election among the employees of the Employer named herein and to certify to the parties the results of such election.

All Information is Required

Name of Labor Organization		Name of Employer	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative		Name of Representative	
Street Address, City, State, Zip Code (if different)		Street Address, City, State, Zip Code (if different)	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative (if needed)		Name of Representative (if needed)	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
Describe the Collective Bargaining Unit with Inclusions and Exclusions			
Approximate Number of Employees in Bargaining Unit			
Select Applicable Statement:			
<input type="checkbox"/> <i>Unit includes craft employees</i> <input type="checkbox"/> <i>Unit includes professional employees</i> <input type="checkbox"/> <i>Unit consists of supervisory employees</i> <input type="checkbox"/> <i>Unit includes none of the above</i>			

List the Name, Address, Telephone Number, and Email Address of Any Union Who Currently Represents the Employees Involved.

I declare that I have read the contents of this petition and that the statements it contains are true and correct to the best of my knowledge.

Name		Title	
Signature		Date	