

State of Wisconsin
Employment Relations Commission
 2418 Crossroads Drive, Suite 1000, Madison, WI 53718-7896
 Phone: 608-243-2424 Fax: 608-243-2433
 Email: werc@werc.state.wi.us

REQUEST FOR ANNUAL CERTIFICATION ELECTION
 (Pursuant to ch. 111, Stats., and either Wis. Admin. Code ERC ch. 70, 71, or 80)

Complete and submit this form together with the applicable filing fee and any required original showing of interest. The required filing fee is determined by the number of eligible voters. Please select the appropriate box below:

<input type="checkbox"/> 1-100 Eligible Voters = \$200	<input type="checkbox"/> 251-500 Eligible Voters = \$500	<input type="checkbox"/> 1,001-3,000 Eligible Voters = \$1,500
<input type="checkbox"/> 101-250 Eligible Voters = \$350	<input type="checkbox"/> 501-1,000 Eligible Voters = \$750	<input type="checkbox"/> 3,001 or More Eligible Voters = \$2,000

The Labor Organization requests the Wisconsin Employment Relations Commission to conduct an annual certification election among certain general employees of the Employer named herein to determine whether those employees shall be represented by the Labor Organization for purposes of collective bargaining with the Employer 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:

- The requester **is** the current exclusive collective bargaining representative for the bargaining unit.*
- The requester **is not** the current exclusive collective bargaining representative for the bargaining unit.*

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

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Date Labor Organization Served a Copy of the Request on Employer.	
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I declare that I have read the contents of this request and that the statements it contains are true and correct to the best of my knowledge.

Name		Title	
Signature		Date	

NOTICE TO EMPLOYER

The law requires that within ten (10) calendar days of its receipt of the election request, the employer shall provide: (1) the union with an electronic sortable list of the names of the employees the employer believes are eligible to vote in the election; and (2) the Wisconsin Employment Relations Commission with an electronic sortable list of said employees, their mailing addresses, and the last four digits ONLY of their social security numbers.