

**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**

**STIPULATION FOR ELECTION**  
 (Pursuant to § 8111.05 of WEPA or § 111.70(4)(d) of MERA or § 111.83 of SELRA)

It is agreed between the Employer and the Labor Organization that the following circumstances exist and the below-named parties hereby request the Wisconsin Employment Relations Commission, pursuant to ch. 111, Stats., to determine whether the employees in the collective bargaining unit desire to be represented by a labor organization by conducting an election, without a previous hearing, in accordance with the rules and procedures of the Commission, at a time, place and manner to be determined by the Commission, among the employees in the collective bargaining unit stated below and to certify to the parties the results of such election.

The individuals listed on the Eligibility List, attached hereto and made a part hereof, constitute all of the employees in the below agreed upon collective bargaining unit who are eligible to participate in the election, unless any of those employees leave employment prior to the election. Unless mutually agreed otherwise, any new employee(s) hired in the positions in the below-described bargaining unit prior to the date on which the Commission issues the Direction of Election in this matter will be eligible to vote.

All Information is Required

<b>Name of Labor Organization</b>		<b>Name of Employer</b>	
<b>Street Address, City, State, Zip Code</b>		<b>Street Address, City, State, Zip Code</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>
<b>Name of Representative</b>		<b>Name of Representative</b>	
<b>Street Address, City, State, Zip Code (if different)</b>		<b>Street Address, City, State, Zip Code (if different)</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>
<b>Name of Representative (if needed)</b>		<b>Name of Representative (if needed)</b>	
<b>Street Address, City, State, Zip Code</b>		<b>Street Address, City, State, Zip Code</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>

**Describe the Collective Bargaining Unit with Inclusions and Exclusions**

**Select Applicable Statement:**

- Unit includes craft employees*
- Unit includes professional employees*
- Unit consists of supervisory employees*
- Unit includes none of the above*

Employer By		Signature		Date	
Labor Organization By		Signature		Date	