

**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 TO CLARIFY BARGAINING UNIT**  
 (Pursuant to ch. 111, Stats.)

Complete and submit this form and, at the same time, serve a copy on the other party, if not filed jointly.

The Initiating Party(ies) request(s) the Wisconsin Employment Relations Commission, pursuant to ch. 111, Stats., to clarify the collective bargaining unit.

**INITIATING PARTY OR PARTIES:**

- Labor Organization
- Employer
- Joint

**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>
<b>Describe the Collective Bargaining Unit with Inclusions and Exclusions</b>			
<b>Approximate Number of Employees in Bargaining Unit</b>			

<b>Select Applicable Statement:</b>			
<input type="checkbox"/> <i>Certified*</i>	<b>*If Certified, Provide Date and Decision</b>		
<input type="checkbox"/> <i>Voluntarily Recognized</i>	<b>Number of Certification</b>		
<b>List the Name, Address, Telephone Number, and Email Address of Any Union Who Currently Represents the Employees Involved.</b>			
<b>CLARIFICATION REQUESTED</b>			
Identify position(s) and number of employees in the position(s) requested to be included in, or excluded from, existing collective bargaining unit and state the reason for the proposed inclusion or exclusion of each position.			
<b>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.</b>			
<b>Name</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	