

**STATE OF WISCONSIN**  
**WISCONSIN EMPLOYMENT RELATIONS COMMISSION**  
4868 High Crossing Blvd., Madison 53704-7403  
phone: 608-243-2424 fax: 608-243-2433 e-mail: werc@werc.state.wi.us

**STIPULATION FOR REFERENDUM - PRIVATE EMPLOYMENT**

IT IS AGREED, between \_\_\_\_\_ and  
(Employer)

\_\_\_\_\_  
(Labor Organization) THAT:

1. The following circumstances exist and the above named parties hereby request the Wisconsin Employment Relations Commission, pursuant to Chapter 111, Wis. Stats., to determine whether the required number of employees in the bargaining unit approve of an "All-Union Agreement" between the Employer and the Labor Organization by conducting a referendum, without a previous hearing, in accordance with the rules and procedures of the Commission and at a time and place 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 referendum.

2. The collective bargaining unit agreed upon as being appropriate for such referendum is as follows: (Specify inclusions and exclusions)

Approximate number of employees in the bargaining unit \_\_\_\_\_

3. Description of the all-union agreement involved:

4. The individuals listed on the Eligibility List, attached hereto and made a part hereof, constitute all of the employees in the above agreed to collective bargaining unit who are eligible to participate in the referendum, unless any of those employees quit or are discharged for cause prior to the referendum. Unless mutually agreed otherwise, any new employees hired in positions in the above-described bargaining unit prior to the date on which the Commission issues the Direction of Referendum in this matter will be eligible to vote.

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5. It is suggested that the referendum be conducted on: \_\_\_\_\_  
(Day or Days of Week)

at \_\_\_\_\_ at \_\_\_\_\_  
(Voting Times) (Location).

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

EMPLOYER by: Name \_\_\_\_\_ Title \_\_\_\_\_

Signature/facsimile \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail (if any) \_\_\_\_\_ Fax No. (if any) \_\_\_\_\_

LABOR ORGANIZATION by: Name \_\_\_\_\_ Title \_\_\_\_\_

Signature/facsimile \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail (if any) \_\_\_\_\_ Fax No. (if any) \_\_\_\_\_