

WERC-22
Waiver
09-13

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

Case _____
No. _____

WAIVER

The undersigned hereby waive a transcript of the record made at any hearing in the above-captioned matter, as well as compliance with Sec. 227.46(2) and (4), Stats., with respect to the above-captioned matter.

For:

For:

By _____

By: _____

Date: _____

Date: _____