

**STATE OF WISCONSIN  
WISCONSIN EMPLOYMENT RELATIONS COMMISSION**

P.O. Box 7870, Madison, WI 53707-7870  
phone: (608) 266-1381 fax: (608) 266-6930 e-mail: werc@werc.state.wi.us

**STIPULATION FOR ELECTION**

IT IS AGREED, between

\_\_\_\_\_ and  
(Employer)

\_\_\_\_\_ and  
(Labor Organization)

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 employees in the 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 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 election.

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

3. Check the appropriate space if the above described collective bargaining unit includes any craft \_\_\_\_ or professional \_\_\_\_ employees.

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 election, unless any of those employees quit or are discharged for cause prior to the election. 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 Election in this matter will be eligible to vote.

5. It is suggested that the election 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) \_\_\_\_\_