

**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

**PETITION TO CLARIFY BARGAINING UNIT**

**INSTRUCTIONS:** Complete and submit this form to the Commission. If the petition is filed in paper form, submit a total of 2 copies. At the same time, serve a copy on the other party, or its designated representative by mail, fax or other means authorized by the person served. The petitioner requests the Commission, pursuant to Chapter 111 of the Wisconsin Statutes, to clarify the collective bargaining unit below as requested.

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1. Name and address of the Employer involved:

Principal rep. name/title:

Phone No.:

E-mail address (if any):

Fax No. (if any):

Address (if different from Employer's):

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2. Description of existing bargaining unit: \_\_\_\_\_ Certified\*; \_\_\_\_\_ Voluntarily Recognized

\*If certified, give date and decision number: \_\_\_\_\_

Approximate number of employees in existing unit: \_\_\_\_\_

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3. Identify position(s) and number of employees in the position(s) requested to be included in, or excluded from, existing bargaining unit and state the reason for the proposed inclusion or exclusion of each position.

TO BE INCLUDED:

TO BE EXCLUDED:

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4. Name, address, phone number, e-mail address (if any) and fax number (if any) of labor organization which represents the bargaining unit:

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5. Complete name, address, and affiliation, if any, of the petitioner:

Principal rep. name/title:

Phone No.:

E-mail address (if any):

Fax No. (if any):

Address (if different from Petitioner's):

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

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Name

Signature or Signature Facsimile

Title

Date