

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
phone: (608) 266-1381 fax: (608) 266-6930 werc@werc.state.wi.us

PETITION FOR REFERENDUM TO DETERMINE THE AUTHORIZATION
OF A FAIR-SHARE AGREEMENT OR MAINTENANCE OF MEMBERSHIP
AGREEMENT INVOLVING STATE EMPLOYEES

Instructions: Complete and submit the petition to the Commission in Madison. If filing in paper form, submit a total of 2 copies.

1. Name and address of the State Employer involved:

Principal rep. name/title:

Phone No.:

E-mail address (if any):

Fax No. (if any):

Address (if different from State Employer's):

2. Name and address of the Labor Organization involved:

Principal rep. name/title:

Phone No.:

E-mail address (if any):

Fax No. (if any):

Address (if different from Labor Organization's):

3. Describe the collective bargaining unit with inclusions and exclusions.

Number of Employees: _____

4. Authorization sought to implement: _____ Fair share
(Select One) _____ Maintenance of Membership

5. The Petitioner requests the Wisconsin Employment Relations Commission to conduct a referendum among the employees in the unit described above, to determine whether the required number of such employees favor authorization of the implementation of a fair-share or maintenance of membership agreement between the State of Wisconsin and Labor Organization named above, and to certify the results thereof.

6. At least 30% of the employees in the collective bargaining unit set forth above support authorization of a fair-share or maintenance of membership agreement requested in this petition, as shown by the confidential showing of interest which is submitted in support of this petition. (The original and one copy of showing of interest must be submitted to the Commission in paper form by physical delivery or mail.)

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.

Petitioner Name (and affiliation, if any): _____

by: Name _____ Title _____

Signature/facsimile _____ Date _____