

WERC-22
Waiver
02/07

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

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: _____