

INSTRUCTIONS: When completed and signed by the parties' authorized representatives, this form is to be submitted to PERB by e-mail, ordinary mail or personal delivery.

STATE OF IOWA  
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:	}	
_____ ,		Case No.
Public Employer,		
and		STIPULATION OF PUBLIC SAFETY STATUS
_____ .	}	
Certified Employee Organization.		

Pursuant to PERB subrule 621–6.4(5), the undersigned parties agree that:

1. The employer is a public employer within the meaning of Iowa Code section 20.3(10).

2. The certified employee organization is an employee organization within the meaning of Iowa Code section 20.3(4) and is certified to represent the following bargaining unit of employees of the public employer:

INCLUDED:

EXCLUDED:

3. The parties agree that the above-described bargaining unit of employees (does)/(does not) constitute a public safety unit as defined by PERB subrule 621–6.4(2). (Please circle or underline “does” or “does not”)

\_\_\_\_\_  
Name of Public Employer

\_\_\_\_\_  
Employer's Address

By: \_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Representative's Address

\_\_\_\_\_  
Representative's Phone

\_\_\_\_\_  
Representative's E-mail

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Certified Employee Organization

\_\_\_\_\_  
Organization's Address

By: \_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Representative's Address

\_\_\_\_\_  
Representative's Phone

\_\_\_\_\_  
Representative's E-mail

\_\_\_\_\_  
Date