

FORM D

Pursuant to s. 111.70 (4) (cm) 8s, Stats., the municipal employer shall file a completed copy of this form with the Wisconsin Employment Relations Commission and the labor organization as soon as possible after the effective date of any collective bargaining agreement covering school district professional employees.

Name of school district: _____

Name of labor organization: _____

Date agreement became effective: _____

Period covered by the agreement: _____

Total increased percentage salary cost for each 12-month period covered by the agreement¹:

– for 12-months ending _____ total increased percentage salary cost was ___%

– for 12-months ending _____ total increased percentage salary cost was ___%

Total increased percentage fringe benefit cost for each 12-month period covered by the agreement¹:

– for 12-months ending _____ total increased percentage fringe cost was ___%

– for 12-months ending _____ total increased percentage fringe cost was ___%

Dated this _____ day of _____, 2_____

By: _____

¹ Calculate these costs using the same method and employees used to complete commission Forms A and B.