

**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 agreement<sup>1</sup>:

– 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 agreement<sup>1</sup>:

– 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: \_\_\_\_\_

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