City of Milwaukee

Department of Employee Relations

Cavalier Johnson
Mayor

Jackie Q. Carter
Director

Molly King
Employee Benefits Director

Nicole M. Fleck
Labor Negotiator

REPRESENTATION WAIVER

Employee Notice and Waiver Form

Purpose. Use this form to identify the reason for representation, provide the representative's contact information, and acknowledge the employee's decision regarding representation.

EMPLOYEE INFORMATION

Employee Name	
Employee ID Number	
Department	
Job Title	
Phone Number	
Email Address	

REASON FOR REPRESENTATION

Check the reason for representation:

- ☐ A meeting the employee reasonably believes could result in discipline
- ☐ A disciplinary/discharge hearing
- ☐ A grievance hearing
- ☐ Dispute Resolution Procedure

REPRESENTATIVE INFORMATION

Representative Name	
Union Name (if Rep is union Steward)	
Representative Phone Number	
Representative Email Address	

EMPLOYEE WAIVER AND ACKNOWLEDGMENT

I acknowledge that the representative identified above may contact the Department or its designated representative on my behalf regarding the meeting or hearing selected on this form. I authorize the Department to include my representative in communications related to that matter, as appropriate. This acknowledgment is limited to communications concerning the identified meeting or hearing and does not authorize the release of information that is confidential, legally protected, or otherwise restricted from disclosure.

Employee Signature:	Date:
Printed Name:	