

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

STATE OF IOWA  
BEFORE THE EMPLOYMENT APPEAL BOARD

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

Pursuant to EAB 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" **or** ☐ "does not" constitute a public safety unit as defined by EAB subrule 621–6.4(2). (Please select “does” or “does not”)

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

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

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

\_\_\_\_\_  
Printed Name 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

\_\_\_\_\_  
Printed Name of Representative

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

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

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

\_\_\_\_\_  
Date