



Teachers Retirement Board Election

Public School District

Teacher Seat

§ 15.165(3)(a)1

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

The Department of Employee Trust Funds (ETF) supports a diverse and inclusive environment for staff and board members. ETF is seeking a diverse pool of nominees for board vacancies. People identifying with traditionally underrepresented groups — particularly women, people of color, and persons with disabilities — are encouraged to submit their nomination.

To be eligible for this election, a candidate must currently work for a Wisconsin Retirement System (WRS) employer (not retired) and be a teacher *not* employed by a Milwaukee public school, pursuant to Wis. Stat. § 15.165(3)(a)1. *All* of the following must be received by ETF by October 10, 2025:

1. Candidate information form.
2. Biographical information.
3. Nominating petitions (scanned copies are acceptable) of at least 25 signatures of non-retired, WRS-covered public school teachers who are *not* employed by a Milwaukee public school.
4. Photo (see below for specifications).

Candidate Information Form

Complete the *Candidate Information* form on page 2.

Biographical Information

Submit biographical information of 150 words or less. *If you submit more than 150 words, only the first 150 words will be published.* Include information you feel will be relevant to your candidacy. Voters will want to know:

- What school districts you worked in and for how long.
- How long you have been a teacher in the WRS.
- Any experience in your career or personal life that relates to retirement and benefit issues.

Nominating Petitions

Nominating petitions must contain at least 25 valid signatures of non-retired, WRS-covered public school teachers who are *not* employed by a Milwaukee public school. However, we recommend obtaining more than 25 signatures (but no more than 50) in the event we are unable to read some of the signatures during the certification process. You may duplicate the enclosed *Nominating Petition* form (page 3) as many times as you wish.

Photo

Please *email* a “head and shoulders,” high resolution digital photo suitable for publication (at least 300 dpi, full color, jpg or png format). This picture, along with the biographical information you supply, will be shared with all eligible voters. Photo *must* be emailed.

Submissions

Email, mail, or submit via ETF’s drop box your nominating petition forms, candidate information form, and biographical statement to:

Retirement Board Liaison
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931
BoardElections@etf.wi.gov

Drop box location: 4822 Madison Yards Way, Madison WI

Deadline

All submissions must be received by ETF by October 10, 2025, at 4:30 p.m.

All candidates will be notified of the status of their petition by November 28, 2025.



Candidate Information
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Type or print.

Candidate Information			
Name (first, middle initial, last) <i>This name will be on the ballot.</i>			
Address (include apartment, if applicable)	City	State	ZIP code
Telephone, including area code (home)		(cell/other)	
Date of birth (MM/DD)			
Email address			
School District Employer and Name of School			
Signature		Date (MM/DD/YYYY)	

ETF Contact: Retirement Board Liaison
Department of Employee Trust Funds
PO Box 7931
Madison, WI 53707-793
608-266-0301
BoardElections@etf.wi.gov



Nominating Petition
Teachers Retirement Board Election
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of Employee Trust Funds
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We, the undersigned, hereby nominate _____ of _____,
(printed candidate name) (school district and name of school)

as a candidate in the election for the Public School Teacher member of the Teachers Retirement Board for the remainder of the term expiring May 1, 2031. We certify that we are non-retired, Wisconsin Retirement System (WRS) teacher participants, and are *not* employed by a Milwaukee public school. We further certify that we have not signed a nomination petition for any other candidate for the aforesaid office.

Name (first middle last) <i>Print Clearly</i>	Birth Date* (MM/DD/YYYY)	Employer (Name of public school)	Signature (Must be an original signature)	Date (MM/DD/YYYY)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Needed by the Department of Employee Trust Funds to verify your eligibility to sign this petition.

Nominee Certification

I certify that I am a non-retired WRS-covered teacher participant and am *not* employed by a Milwaukee public school. I further certify that, to the best of my knowledge and belief, the persons signing this petition were, at the time of signing, non-retired, WRS-covered teachers who were *not* employed by a Milwaukee public school. If elected, I agree to serve as a public school teacher member of the Teachers Retirement Board, for the term expiring May 1, 2031, or as determined by legislation.

Signature	Date (MM/DD/YYYY)
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