



## PETITION UNDER THE PUBLIC EMPLOYE RELATIONS ACT

IN THE MATTER OF THE EMPLOYEES OF:

DO NOT WRITE IN THIS SPACE
CASE NO.
DATE FILED

- ☐ PETITION FOR REPRESENTATION – Thirty (30) percent or more of the employees wish to be represented by Petitioner and Petitioner desires to be certified as representative of the employees; **SIGNED AND DATED SHOWING OF INTEREST MUST BE ATTACHED** (refer to § 603(c) of the Public Employee Relations Act (Act) and 34 Pa. Code §§ 95.12 and 95.14).
- ☐ PETITION FOR DECERTIFICATION – Thirty (30) percent or more of the employees assert that the certified bargaining representative is no longer their representative (**SIGNED AND DATED SHOWING OF INTEREST MUST BE ATTACHED**) or the public employer alleges a good faith doubt of the majority status of the present representative; (**FACTUAL SUPPORT MUST BE ATTACHED**) (refer to § 607 of the Act and 34 Pa. Code §§ 95.21 and 95.22).
- ☐ PETITION FOR ELECTION BY PUBLIC EMPLOYER – A public employee, group of public employees, or employee organization has presented a claim to the public employer to be recognized as the representative of the employees of the public employer and thereafter has not sought an election (refer to § 603(d) of the Act and 34 Pa. Code § 95.14).
- ☐ PETITION FOR UNIT CLARIFICATION – An employee organization is currently recognized by the public employer, but Petitioner seeks clarification of the unit previously certified in Case No. \_\_\_\_\_ (refer to 34 Pa. Code § 95.23).
- ☐ PETITION FOR AMENDMENT OF CERTIFICATION – Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_; **STATEMENT DESCRIBING THE SPECIFIC AMENDMENT SOUGHT MUST BE ATTACHED** (refer to 34 Pa. Code § 95.23).

### PUBLIC EMPLOYER INFORMATION

Public Employer		Contact Name	
Address			
City	State	Zip	Telephone
Email			

### EMPLOYEE ORGANIZATION INFORMATION

Employee Organization Information		Contact Name	
Address			
City	State	Zip	Telephone
Email			

1. Description of the unit deemed to be appropriate (for Unit Clarification Petitions, describe present unit below and attach description of proposed clarification and reason(s) for the request):

Included:

Excluded:

2. Approximate number of employees in the unit claimed to be appropriate:

Present: \_\_\_\_\_ Proposed by Unit Clarification Petition: \_\_\_\_\_

3. There are no other employee representatives claiming to represent any of the employees in the proposed unit except (if applicable):

The proposed unit includes:

- |  |  |
|--|--|
| <input type="checkbox"/> Nonprofessional employees only  | <input type="checkbox"/> Security guards only (refer to §604(3) of the Act)    |
| <input type="checkbox"/> Professional employees only   | <input type="checkbox"/> Prison guards only (refer to §604(3) of the Act)      |
| <input type="checkbox"/> Professional and nonprofessional employees<br>(refer to §604(2) of the Act) | <input type="checkbox"/> First level supervisors (refer to §604(5) of the Act) |

4. The Petitioner alleges that 30% or more of the employees in the proposed unit request representation/decertification in accordance with this petition, and is supported by \_\_\_\_\_ .  
(State method used to determine the desire of the majority of employees)

5. There are no other employee representatives claiming to represent any of the employees in the proposed unit except (if applicable):

6. Date of expiration of current agreement (if any): \_\_\_\_\_

7. The Employee Organization notified the public employer pursuant to Section 603(c) of the Act on \_\_\_\_\_ (Date)  
and requested the public employer to join in a petition for an election; **A COPY OF THE NOTIFICATION MUST BE ATTACHED.**

8. The public employer refused said request on \_\_\_\_\_ .  
(Date)

9. The public employer agreed on \_\_\_\_\_ to join in an election request with the employee representative;  
(Date)  
however, the employee representative failed to seek an election.

10. Other relevant facts:

I declare that I have read the above petition and that the statements therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
(Petitioner and Affiliation, if any)

By \_\_\_\_\_  
Signature of Petitioner or Representative Printed Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Email

**INCOMPLETE OR INACCURATE STATEMENTS HEREON MAY RESULT IN A DISMISSAL OF THIS PETITION.**

Pennsylvania Labor Relations Board | 651 Boas Street, Room 418 | Harrisburg, PA 17121-0750  
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