

STATE OF KANSAS - LABOR RELATIONS SECTION - PROFESSIONAL NEGOTIATIONS ACT - TOPEKA, KANSAS

P E T I T I O N

- FILED BY:
- Board of Education
 - Professional Employee Organization
 - Employees (must be signed by five employees)

Do Not Write In This Space
CASE NO: _____
DATE FILED: _____

INSTRUCTIONS: File an **original and two copies** of this petition with the Labor Relations Section, 401 SW Topeka Blvd., Topeka, Kansas 66603-3182 by **Certified Mail**. Questions regarding this form may be directed to **(785) 368-6224**. If more space is required for any item, attach additional sheets, numbering item accordingly.

The Petitioner alleges that the following circumstances exist and requests that the Department of Labor (Labor Relations Section) proceed under its proper authority.

1. Purpose of Petition (check appropriate box)

- Unit Determination (UD)**
- Unit Representation Election (URE)**

2. Name and Address of Petitioner: _____
(Affiliation, if any)
 _____ Phone: _____

3. Name and Address of Employer: _____
 _____ Phone: _____

4. Employer Representative to Contact: _____
 _____ Phone: _____

5. Currently recognized Employee Organization (if appropriate): _____
 _____ Phone: _____

- A. Date of such recognition (Month & Year): _____
- B. Current Contract Expiration Date (Month & Year): _____

6. Type of Employer:

Unified School District (USD): _____

Community Junior College (CJC): _____

Area Vocational Technical School (AVTS): _____

Inter Local Agencies (ILA): _____

7. Description of unit alleged to be appropriate.

INCLUDE:

A. Classroom Teachers _____ Number _____

B. Other _____ Number _____

C. Other _____ Number _____

D. Other _____ Number _____

Total number of employees in unit (sum of A, B, C, & D) _____

EXCLUDE:

8. Is there agreement by all parties on the appropriate unit? YES NO

9. Name(s) of other persons or employee organizations known to petitioner who claim to represent any employees, or other employee organizations know to have an interest in representing employees in the alleged appropriate unit: **(If none, so state)**

NAME	ADDRESS	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Include a clear and concise statement of any other relevant facts: _____

NOTE: Employee organization must present a 30% showing of employee interest with this Petition if the petitioning party seeks recognition of a new employee organization as the certified employee representative for the unit.

DECLARATION

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

(Petitioner & Affiliation, if any)

By: _____
Representative or Person Filing Petition Title

DATE: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires _____