FORM NO. PNA 001a (Revised 02/07/08)
(Attached to Form No. PNA 001)

STATE OF KANSAS
DEPARTMENT OF LABOR

SIGNATURE PETITION FOR REPRESENTATION ELECTION

Name and Address of Petitioner: _____

Name and Address of Certified Employee Organization: _____
_____

We, the undersigned employees of _____(unit) no longer consider _____ employee organization to represent a majority of the employees in the appropriate unit and do hereby petition the Department of Labor to conduct an election to determine whether the employees of said unit desire _____ organization as their exclusive negotiations representative or whether the employees desire "**NO REPRESENTATION."**

NAME (please print)	**ADDRESS**	**DATE**	**NAME (signature)**

I hereby certify that the foregoing information is true and correct to the best of my belief.

_____ _____ _____
Petitioner Title Date

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

_____
SEAL Notary Public
My Commission Expires_____