

PERB PETITION

K-PERB 001 (Rev. 6-12)

- FILED BY: Employer
 Employee organization
 Employees
(must be signed by five employees)

Do Not Write In This Space

CASE NO: _____

DATE FILED: _____

INSTRUCTIONS: File an **original and five copies** of this petition by Certified Mail™ with the Public Employee Relations Board at the address below. Questions regarding this form may be directed to Labor Relations at (785) 296-5000. If more space is required for any item, attach additional sheets and identify each item by number.

The petitioner alleges that the following circumstances exist and requests that the Public Employee Relations Board proceed under its proper authority.

1. Purpose of this petition (check appropriate box):

Unit Determination (UD)

Unit Certification (UC)

Unit Determination and Certification (UDC)

Unit Decertification (UDE)

2. Petitioner name, address and affiliation, if any: _____
_____ Phone: _____

3. Employer name and address: _____
_____ Phone: _____

4. Employer representative name and address: _____
_____ Phone: _____

5. Type of establishment: _____

6. Description of unit alleged to be appropriate (be complete and specific, using job titles):

INCLUDE:

EXCLUDE:

PERB Petition

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6a. Number of employees in unit: _____

6b. If filing for *Unit Certification* or *Decertification*, is this petition supported by 30 percent or more of the employees in the unit? YES NO If YES, attach signature petitions or authorization cards.

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

8. Provide statement to the effect that the governing body of the public employee is under the provisions of the Public Employer-Employee Relations Act either by virtue of the public employer being with the state or one of its agencies or, if not with the state or a state agency, that said public employer has elected to come under the provisions of said Act and include evidence to that effect.

9. Is there a work stoppage or picketing in progress at the establishment involved? YES NO
If YES, state the date of work stoppage and number of employees involved:

10. Has an appropriate unit been determined by the Public Employee Relations Board? YES NO
If YES, attach details of the unit.

11. If the petitioner is a representative on behalf of the employee organization, is that representative duly licensed under the laws of the state of Kansas? YES NO

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

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

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

