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# PERB PETITION/EMPLOYER REQUEST

K-PERB 001 (Rev. 10-18)

(Pursuant to K.S.A. 75-4327)

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

<p><b>Do Not Write In This Space</b></p> <p>CASE NO: _____</p> <p>DATE FILED: _____</p>
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**INSTRUCTIONS:** File an **original and five copies** of this petition/request 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/requester alleges that the following circumstances exist and requests that the Public Employee Relations Board proceed under its proper authority.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Unit Determination (UD)                    | <input type="checkbox"/> Unit Certification (UC)    |
| <input type="checkbox"/> Unit Determination and Certification (UDC) | <input type="checkbox"/> Unit Decertification (UDE) |

2. Petitioner name, address and affiliation, if applicable: \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

6a. Number of employees in unit: \_\_\_\_\_

6b. If filing for *Unit Certification* or *Decertification* by employee petition, 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: \_\_\_\_\_

Case No. \_\_\_\_\_

14. If *Petition for Unit Decertification* is filed by public employees or employee organization, complete and attach form K-PERB 002, *Signature Petition for Decertification*.

**Note: Any answer to this petition/request is to be filed with the Public Employee Relations Board within 20 days after receipt of said petition. The Board will consider failure to answer the petition/request as an admission of the allegations of said petition/request, particularly the Unit Determination.**

**DECLARATION:** I declare that I have read the petition/request and that the statements contained herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Petitioner: (Organization/Employer/Employee 1) Affiliation, if any

By: \_\_\_\_\_  
Signature of representative or person filing petition Title

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee 2 (if petition by employees) Employee 3 (if petition by employees)

\_\_\_\_\_  
Employee 4 (if petition by employees) Employee 5 (if petition by employees)

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

SEAL

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Original and five copies must be mailed to the address below.