

# PNA PETITION FOR CLARIFICATION OR AMENDMENT OF APPROPRIATE UNIT

K-PNA 003 (Rev. 7-18)

**Do Not Write In This Space**

CASE NO: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

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

**INSTRUCTIONS:** File an **original and two copies** by Certified Mail™ with Labor Relations 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.

A question concerning the appropriate unit of certain professional employees of a governmental agency has arisen between the parties listed herein. The undersigned request(s) that the matter be fully investigated by Labor Relations and a determination be made under the Professional Negotiations Act, K.S.A. 72-2218 et seq.

1. Certified professional employee organization name and address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

2. Employer name and address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

3. Employer representative name and address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

4. Name(s) of other persons or professional 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, so state.)

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

5. Is there a memorandum of agreement now?     YES     NO  
If YES, what is the expiration date? \_\_\_\_\_

6. Are the involved parties in agreement with this petition?     YES     NO

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7. What is the unit that is presently determined? \_\_\_\_\_

INCLUDE:

EXCLUDE:

8. Approximate total number of employees included in this request: .....

9. Describe clarification or amendment requested:

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**NOTE: Any answer to this petition is to be filed with Labor Relations within 20 days after receipt of said petition. Labor Relations will consider failure to answer the petition as an admission of the allegations of said petition.**

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

\_\_\_\_\_  
Petitioner, or first employee Affiliation, if any

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

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

\_\_\_\_\_  
Employee 2

\_\_\_\_\_  
Employee 3

\_\_\_\_\_  
Employee 4

\_\_\_\_\_  
Employee 5

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

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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