State of Kansas
PUBLIC EMPLOYEE RELATIONS BOARD

PETITION

Filed By: [X] Employees (must be signed by five employees)

INSTRUCTIONS: File an original and five copies of this Petition to the Public Employee Relations Board, 701 Jackson, Rm 204-206, Topeka, Kansas 66603 by Certified Mail. 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 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. Name and Address of Petitioner

   [TRA B. HOWZER]

   7420 Berryton Rd. Berryton, Ks. 66409 Phone 662-9235

   (Affiliation, if any)

3. Name and Address of Employer

   City of Topeka Park Department
   Rm 250 City Hall Topeka, Ks 66603 Phone 295-3998

4. Employer Representative to Contact

   Harry L. Felker
   Rm 250 City Hall Topeka, Ks 66603 Phone 295-3998

5. Type of Establishment

   City of Topeka Park & Recreation Dept.

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

   INCLUDE:

   EXCLUDE:

6a. Number of employees in unit __71_

6b. If filing for Unit Certification or Decertification, is this Petition supported by 30% or more of the employees in the unit?

   YES [X] NO [ ] If "YES", please attach signature petitions or authorization cards.

7. Is there agreement by all parties on the appropriate unit?

   YES [X] NO [ ]

8. Give statement to the effect 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.

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   UDE-2-1979
9. Is there a work stoppage or picketing in progress at the establishment involved? YES [X] NO ___. If "YES", state date of work stoppage and number of employees involved.

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

11. If Petitioner is representative in behalf of employee organization, is that representative duly licensed under the laws of the state of Kansas? YES [X] NO ___.

12. Name(s) of other persons or employee organizations, known to 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: ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

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

14. If Petition for Unit Decertification is filed by public employees or employee organization, complete and attach Form PERB 002.

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

   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: ____________________________

   ____________________________
   Date: ____________________________

   ____________________________
   Subscribed and sworn to before me this ___ day of __________, 197__.

   ____________________________
   Notary Public: ____________________________

   My commission expires: ____________________________