



DECERTIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: A decertification petition must be filed with the appropriate PERB regional office (see PERB Regulations 32075, 32122, 32123 and 32124), and must be accompanied by proof of support of at least 30 percent of the employees in the established unit (original documents must be provided). Proper filing includes concurrent service of the petition, excluding the proof of support, and proof of service pursuant to PERB Regulation 32140.

<p>1. EMPLOYER (Name, address & telephone)</p> <p>() Ext.</p> <p>Agent to be contacted:</p> <p>Title:</p> <p>Address and telephone, if different:</p> <p>() Ext.</p> <p>Email (optional): _____</p>	<p>2. EXCLUSIVE REPRESENTATIVE (Name, address & telephone)</p> <p>() Ext.</p> <p>Agent to be contacted:</p> <p>Title:</p> <p>Address and telephone, if different:</p> <p>() Ext.</p> <p>Email (optional): _____</p>
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<p>3. NAME OR DESCRIPTION OF ESTABLISHED UNIT:</p>	<p>4. IF A CURRENT WRITTEN AGREEMENT EXISTS COVERING EMPLOYEES IN THE UNIT, INDICATE :</p> <p>AGREEMENT EFFECTIVE DATE: _____</p> <p>AGREEMENT EXPIRATION DATE: _____</p> <p>_____ NO AGREEMENT IS IN EFFECT.</p> <p>5. PETITION FILED BY: (Check one only)</p> <p>_____ An Employee Organization</p> <p>_____ A Group of Employees</p>
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<p>6. DATE INCUMBENT EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED:</p>	<p>9. PETITIONER (Name, address & telephone)</p> <p>() Ext.</p> <p>Agent to be contacted:</p> <p>Title:</p> <p>Address and telephone, if different:</p> <p>() Ext.</p> <p>Email (optional): _____</p>
<p>7. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:</p>	
<p>8. TYPE OF PETITION: (Check one only)</p> <p>_____ Employees desire no representation.</p> <p>_____ Employees wish to be represented by petitioning employee organization.</p>	

DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief, and that this decertification petition is accompanied by proof of support of at least 30 percent of the employees in the established unit in accordance with number 8 above.

PETITIONER'S AUTHORIZED REPRESENTATIVE: _____
(Signature)

Title: _____ Date: _____

Los Angeles Regional Office
700 N. Central Ave., Suite 200
Glendale, CA 91203-3219
(818) 551-2822

Sacramento Regional Office
1031 18th Street, Suite 102
Sacramento, CA 95811-4124
(916) 322-3198

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612-2514
(510) 622-1016

NOTICE OF DECERTIFICATION PETITION

UNIT: _____

PERB CASE NUMBER: _____

DATE NOTICE WAS POSTED: _____

ON _____, A DECERTIFICATION PETITION WAS FILED WITH THE
(DATE)
PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PEITIONER SHOWN ON THE
DECERTIFICATION PETITION.

THIS PETITION IS BASED ON THE CLAIM THAT AT LEAST 30% OF THE EMPLOYEES IN THE UNIT

(CHECK ONE):

_____ NO LONGER DESIRE TO BE REPRESENTED BY THE INCUMBENT EXCLUSIVE
REPRESENTATIVE OR ANY OTHER EMPLOYEE ORGANIZATION.

_____ WISH TO BE REPRESENTED BY THE PETITIONING EMPLOYEE ORGANIZATION.

SEE THE DECERTIFICATION PETITION FOR THE NAMES, ADDRESSES AND TELEPHONE
NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE REPRESENTATIVE AND THE
PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: _____.

BY: _____
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB REGULATIONS REQUIRE THAT THIS NOTICE BE CONSPICUOUSLY POSTED ON ALL
EMPLOYEE BULLETIN BOARDS IN EACH FACILITY OF THE EMPLOYER IN WHICH MEMBERS OF
THE ESTABLISHED UNIT ARE EMPLOYED. THE NOTICE SHOULD BE POSTED AS SOON AS
POSSIBLE BUT IN NO EVENT LATER THAN 15 DAYS FOLLOWING SERVICE OF THE PETITION ON
THE EMPLOYER. FOR DILLS ACT AND TEERA PETITIONS, THE NOTICE MUST REMAIN POSTED
FOR A MINIMUM OF 20 DAYS. FOR ALL OTHER PETITIONS, THE NOTICE MUST REMAIN
POSTED FOR AT LEAST 15 WORKDAYS.