



# HEERA FAIR SHARE FEE REINSTATEMENT PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

### REQUIREMENTS:

1. A petition for reinstatement of a previously rescinded fair share fee provision must be filed with the appropriate PERB regional office and accompanied by at least 30 percent support of the employees in the unit. (Government Code Section 3583.5(c) and PERB Regulations 51725 through 51740.) Petitions involving employees of the University of California must be filed with PERB's San Francisco Regional Office, and petitions involving employees of the California State University must be filed with the Los Angeles Regional Office. (See addresses below.)
2. Each card or sheet of paper on which signatures of employees are obtained should state at the top that the undersigning employees are petitioning PERB to hold a secret ballot election to vote for reinstatement of the fair share fee provision covering employees of the higher education employer in the (title) unit represented by the (name of employee organization). Proof of support shall conform to the requirements of PERB Regulation 32700(b), (c), (e)(3), (f), and (g).
3. The petition, *excluding* the proof of at least 30 percent support, must be served on the higher education employer. Proof of service, as defined in PERB Regulation 32140, shall be included with the petition.

1. EMPLOYER (Name, address and telephone)

( ) Ext. \_\_\_\_\_

Employer's agent to be contacted:

Title:

Address and telephone, if different:

( ) Ext. \_\_\_\_\_

2. EXCLUSIVE REPRESENTATIVE (Name, address and telephone)

( ) Ext. \_\_\_\_\_

Agent to be contacted, if known:

Title:

Address and telephone, if different:

( ) Ext. \_\_\_\_\_

3. TITLE OF ESTABLISHED UNIT:

4. APPROXIMATE NUMBER OF EMPLOYEES IN THE ESTABLISHED UNIT:

5. INFORMATION REGARDING CURRENT MEMORANDUM OF UNDERSTANDING (MOU), IF ANY:

MOU EFFECTIVE DATE: \_\_\_\_\_ MOU EXPIRATION DATE: \_\_\_\_\_

ARTICLE OR SECTION NUMBER, IF ANY, OF THE FAIR SHARE FEE PROVISION: \_\_\_\_\_

I declare that the statements herein are true to the best of my knowledge and belief and that this fair share fee reinstatement petition is accompanied by proof of at least 30 percent support of the employees in the established unit.

PETITIONER'S AUTHORIZED AGENT: \_\_\_\_\_

(Signature)

Title (if any): \_\_\_\_\_ Date: \_\_\_\_\_

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

Los Angeles Regional Office  
700 N. Central Ave., Suite 200  
Glendale, CA ; 3425/543;  
(818) 551-2844