



UNIT MODIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No. _____

Date Filed: _____

INSTRUCTIONS: A petition for unit modification must be filed with the appropriate PERB regional office (see PERB Regulation 32075). A petition which is not jointly filed must be served on all parties. Proof of service must accompany the petition. Attach additional sheets if more than one exclusive representative and/or more than one established unit is affected by the unit modification petition, or if additional space is required. Individual employees MAY NOT file a unit modification petition.

1. **EMPLOYER** (Name, address and telephone number) _____

Employer's agent to be contacted: _____

Title: _____

Address and telephone, if different: _____

() _____ Ext. _____ () _____ Ext. _____

Email (optional): _____

2. **EXCLUSIVE REPRESENTATIVE** (Name, address and telephone number) _____

Agent to be contacted: _____

Title: _____

Address and telephone, if different: _____

() _____ Ext. _____ () _____ Ext. _____

Email (optional): _____

3. **TYPE OF PETITION**

This petition is filed pursuant to PERB Regulation(s): _____

<p>4. PETITION FILED BY: (Check one only.)</p> <p><input type="checkbox"/> Both (or all) Parties</p> <p><input type="checkbox"/> Exclusive Representative</p> <p><input type="checkbox"/> Employer</p>	<p>5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:</p>	<p>6. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:</p>
---	---	--

7. **DESCRIPTION OF ESTABLISHED UNIT:**

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

8. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED: _____

9. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:

AGREEMENT/MOU EFFECTIVE DATE: _____ EXPIRATION DATE: _____

10. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:

11. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT(S):

12. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS PETITION:

Name of Organization: _____

Address: _____

Telephone: (_____) _____

DECLARATION

I (we) declare that the statements herein are true to the best of my knowledge and belief.

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____
