Public Utilities Code Transit Labor Relations Acts

EMPLOYER REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.: Date Filed:

INSTRUCTIONS: An Employer Representation Petition must be filed via the e-PERB portal. (PERB Regulations 32110 and 72030.) The petition must be served upon any interested party. (PERB Regulation 32140.)

1. **EMPLOYER**

Name:_____

Address:_____

_____

City, State, Zip: _____

Telephone: (_____)_____Ext._____

Employer's agent to be contacted:_____

Title: _____

Address and telephone, if different:

Address:_____

City, State Zip: _____

Telephone: (_____)_____Ext._____

E-Mail: _____

2. Circumstance under which employee organization has requested to be recognized as the exclusive representative of an appropriate unit (Check all that apply):

☐ Employer reasonably doubts employee organization has majority support

☐ Employer reasonably doubts the appropriateness of the requested unit

☐ Employer has been presented with competing claims for representation or another employee organization challenges the appropriateness of the requested unit

☐ Employer has good faith uncertainty as to the incumbent exclusive representative's continuing majority status

3. Description of the bargaining unit at issue:

4. Date any incumbent exclusive representative was recognized or certified

5. If a current Memorandum of Understanding (MOU) or labor agreement exists covering any employees petitioned for, indicate:

MOU effective date: _____

MOU expiration date: _____

☐ No agreement is in effect

6. EMPLOYER'S BASIS FOR PETITION: (Attach additional pages as needed)

7. **INTERESTED EMPLOYEE ORGANIZATION(S)**
(Attach additional pages as needed)

Organization Name: _____

Address: _____

_____

City, State Zip: _____

Telephone: (_____)_____Ext. _____

Organization's agent to be contacted: _____

Title: _____

Address and telephone, if different:

Address:_____

City, State Zip: _____

Telephone: (_____)_____Ext._____

E-Mail: _____

DECLARATION

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

EMPLOYER'S AUTHORIZED REPRESENTATIVE:_____
(Signature)

Title:_____Date:_____

State Mediation & Conciliation Service
Sacramento Headquarters Office
1031 18th Street
Sacramento, CA 95811
(916) 322-3198

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of _____,

State of _____. I am over the age of 18 years. The name and address of my

Residence or business is _____

_____

On _____, I served the _____
(*Date*) (*Description of document(s)*)

_____ in Case No. _____.
(*Description of document(s) continued*) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

☐ placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United States Postal Service or private delivery service following ordinary business practices with postage or other costs prepaid;

☐ personal delivery;

☐ electronic service - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) or via e-PERB to the electronic service address(es) listed below on the date indicated. (*May be used only if the party being served has filed and served a notice consenting to electronic service or has electronically filed a document with the Board. See PERB Regulation 32140(b).*)

(*Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on _____,
(*Date*)

at _____.
(*City*) (*State*)

(*Type or print name*)	(*Signature*)