

DECERTIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.

Date Filed

INSTRUCTIONS: This petition can be filled out and submitted on the ePERB portal found on PERB's website: www.perb.ca.gov. "Unrepresented individuals" defined under PERB Regulation 32110(b) may file a decertification petition via mail service or personal delivery directly with the Sacramento Regional Office (see PERB Regulations 32075 and 32115(c)).; The petition must be accompanied by proof of support of at least 30 percent of the employees in the established unit (original documents must be filed with PERB only). Proper filing includes concurrent service of the petition, excluding the proof of support, and proof of service pursuant to PERB Regulation 32140.

1. EMPLOYER (Name, address & telephone)	2. EXCLUSIVE REPRESENTATIVE (Name, address & telephone)
Name:	Name:
Address:	Address:
Telephone: Agent to be contacted:	Telephone: Agent to be contacted:
N	
Name:	
Address and telephone, if different:	Address and telephone, if different:
Address:	
Telephone:	
E-mail Address:	E-mail Address:
3. NAME OR DESCRIPTION OF ESTABLISHED UNIT:	4. IF A CURRENT WRITTEN AGREEMENT EXISTS COVERING EMPLOYEES IN THE UNIT, INDICATE:
	AGREEMENT EFFECTIVE DATE:
	AGREEMENT EXPIRATION DATE:
	NO AGREEMENT IS IN EFFECT:
5. PETITION FILED BY (Check one only): An	Employee Organization A Group of Employees
6. DATE INCUMBENT EXCLUSIVE REPRESENTATIV	9. PETITIONER (Name, address & telephone)
RECOGNIZED OR CERTIFIED:	Name:
7. APPROXIMATE NUMBER OF EMPLOYEES IN THE	
8. TYPE OF PETITION: (Check one only)	Telephone:
,	Agent to be contacted:
Employees desire no representation.	Name:
Employees wish to be represented by petitioning	Title:
employee organization.	Address and telephone, if different:
	Address:
	Talanhana
	Telephone:
	E-mail (optional):
	DECLARATION of my knowledge and belief, and that this decertification petition is accompanied es in the established unit in accordance with number 8 above.
PETITIONER'S AUTHORIZED REPRESENTATIVE: Sign	pature
Name/Title	Date
425 W. Broadway, Suite 400	acramento Regional Office 031 18th Street, Suite 102 Sacramento, CA 95811 San Francisco Regional Office 1515 Clay Street, Suite 2206 Oakland, CA 94612-1403

(916) 322-3198

(510) 622-1016

PERB 1305 (02/2023)

(818) 551-2822

NOTICE OF DECERTIFICATION PETITION

UNIT:		
PERB CASE NUMBER:		
DATE NOTICE WAS POSTED:		
ON	. A DECERTIFICATION PETITION WAS FILED WITH THE	
ON, A DECERTIFICATION PETITION WAS FILED WITH THE (DATE) PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN ON THE DECERTIFICATION PETITION. THIS PETITION IS BASED ON THE CLAIM THAT AT LEAST 30% OF THE EMPLOYEES IN THE UNIT (CHECK ONE):		
	TO BE REPRESENTED BY THE INCUMBENT EXCLUSIVE R ANY OTHER EMPLOYEE ORGANIZATION.	
WISH TO BE REPRES	ENTED 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 P	OSTED 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.