# DILLS SEVERANCE 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. Only "unrepresented individuals" defined under PERB Regulation 32110(b) may file their Dills severance petition via mail service or personal delivery; the petition must be filed with the PERB Sacramento Regional Office (address below), and must be accompanied by proof of support of a majority of the employees in the unit claimed to be appropriate (original proof of support must be provided). Proper filing includes concurrent service and proof of service of the petition as required by PERB Regulation 40200(c). Attach additional sheets if more space is required.

1. EMPLOYER

State of California
Department of Human Resources
1515 S Street, North Building, Suite 400
Sacramento, CA 95814-7243
(916) 324-0455

Employer's agent to be contacted:

Title:

Address and telephone, if different:

Ext.

E-mail address:

2. EXCLUSIVE REPRESENTATIVE OF ESTABLISHED UNIT (Name, address and telephone number)

Ext.

Agent to be contacted:

Title:

Address and telephone, if different:

Ext.

E-mail address:

3. DESCRIPTION OF PROPOSED UNIT

Shall Include: (List each job classification, including the schematic code and class code)

Shall Exclude:

4. TITLE AND NUMBER OF ESTABLISHED UNIT:

5. IF A CURRENT MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT, INDICATE:

MOU EFFECTIVE DATE:

MOU EXPIRATION DATE:

NO MOU IS IN EFFECT ☐

6. APPROXIMATE NUMBER OF EMPLOYEES IN THE PROPOSED UNIT:

7. PETITIONER (Name, address and telephone number of employee organization)

Ext.

Petitioner's agent to be contacted:

Title:

Address and telephone, if different:

Ext.

E-mail address:

## DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief, and that this severance petition is accompanied by proof of support of a majority of the employees in the proposed unit.

PETITIONER'S AUTHORIZED REPRESENTATIVE:

(Signature)

Title: Date:

Sacramento Regional Office, 1031 18th Street, Suite 102, Sacramento, California 95811-4124

# NOTICE OF DILLS SEVERANCE PETITION

**UNIT:**

**PERB CASE NUMBER:**

**DATE NOTICE WAS POSTED:**

**ON , A SEVERANCE PETITION WAS FILED WITH THE PUBLIC**
**(DATE)**

**EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN ON THE DILLS SEVERANCE PETITION.**

**THE PETITION IS BASED ON THE CLAIM THAT A MAJORITY OF THE EMPLOYEES IN THE PROPOSED UNIT WISH TO BE REPRESENTED BY THE PETITIONING EMPLOYEE ORGANIZATION.**

**SEE THE DILLS SEVERANCE PETITION FOR THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE EMPLOYER, THE INCUMBENT REPRESENTATIVE, AND THE PETITIONER.**

**THIS NOTICE MUST REMAIN POSTED UNTIL:**

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

**PERB Regulation 40210 requires that this Notice be conspicuously posted on all employee bulletin boards in each facility of the employer in which members of the proposed 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. The Notice must remain posted for a minimum of 20 days.**

## 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*) |
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