HEERA REPRESENTATION PETITION

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

INSTRUCTIONS: A request for recognition or intervention must be filed with the appropriate higher education employer, with a copy electronically filed with PERB through the ePERB portal at www.perb.ca.gov, in accordance with PERB Regulation 32110.

A petition for certification or related intervention must be electronically filed directly with PERB via the ePERB portal.

All filings must include concurrent service and proof of service as required by PERB Regulations 51030, 51040, and 51100.

1. EMPLOYER (Name, address and telephone number)

Ext.

Employer's agent to be contacted:

Title:

Address and telephone, if different:

Ext.

2. TYPE OF PETITION (Check all that apply) DATE FILED:

- ☐ REQUEST FOR RECOGNITION (RR)
- ☐ PETITION FOR CERTIFICATION (PC)
- ☐ INTERVENTION
- ☐ SEVERANCE (Filed as PC)
- ☐ SEVERANCE (Filed as RR)

3. PROOF OF SUPPORT

Filed with: ◯ PERB ◯ Third Party*

☐ Majority support ☐ 30% support ☐ 10% support

*Attach name, address & telephone number of third party, if applicable.

4. DESCRIPTION OF PROPOSED UNIT (Including class code and geographic location if other than a statewide unit is proposed)

Shall INCLUDE:

Shall EXCLUDE:

5. NUMBER OF EMPLOYEES IN PROPOSED UNIT:

6. IF A CURRENT MEMORANDUM OF UNDERSTANDING (MOU) EXISTS COVERING ANY EMPLOYEES PETITIONED FOR, INDICATE:

MOU EFFECTIVE DATE:

MOU EXPIRATION DATE:

NO AGREEMENT IS IN EFFECT ☐

7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:

Name of Organization	Address	Date of Recognition/ Certification (if any)

8. PETITIONER (Name, address and telephone number)

Ext.

Petitioner's agent to be contacted:

Title:

Address and telephone, if different:

Ext.

DECLARATION

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

PETITIONER'S AUTHORIZED REPRESENTATIVE:

(Signature)

Title: Date:

NOTICE OF REQUEST FOR RECOGNITION

PERB CASE NUMBER:

DATE NOTICE WAS POSTED:

ON , THE
(Date) (Employer)

RECEIVED FROM

(Employee Organization)

A REQUEST TO BE RECOGNIZED AS THE EXCLUSIVE REPRESENTATIVE OF EMPLOYEES IN THE UNIT DESCRIBED ON THE HEERA REPRESENTATION PETITION.

THE REQUEST IS BASED ON THE CLAIM THAT A MAJORITY OF THE EMPLOYEES IN THE PROPOSED UNIT WISH TO BE REPRESENTED BY THE ABOVE NAMED EMPLOYEE ORGANIZATION.

NOTICE IS HEREBY GIVEN THAT ANY OTHER EMPLOYEE ORGANIZATION DESIRING TO REPRESENT ANY OF THE EMPLOYEES IN THE UNIT DESCRIBED IN THIS REQUEST FOR RECOGNITION HAS THE RIGHT, WITHIN 15 WORKDAYS FOLLOWING THE DATE OF POSTING OF THIS NOTICE, TO FILE WITH THE EMPLOYER AN INTERVENTION SUPPORTED BY AT LEAST 30% OR AT LEAST 10% OF THE EMPLOYEES IN THE UNIT REQUESTED OR OF THE EMPLOYEES IN A UNIT CLAIMED TO BE APPROPRIATE.

THE LAST DATE FOR FILING AN INTERVENTION IS:

SEE THE HEERA REPRESENTATION PETITION FOR THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE REPRESENTATIVE (IF ANY), AND THE PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL:

BY:
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB Regulation 51035 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 10 days following receipt of the petition. The Notice must remain posted for at least 15 workdays.

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*)