



# 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. <b>PETITION FILED BY:</b> (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. <b>APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:</b></p>	<p>6. <b>NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:</b></p>
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7. **DESCRIPTION OF ESTABLISHED UNIT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Los Angeles Regional Office 425 W Broadway, Suite 400 Glendale, CA 91204-1269 (818) 551-2822</p>	<p>Sacramento Regional Office 1031 18<sup>th</sup> Street, Suite 102 Sacramento, CA 95811-4124 (916) 322-3198</p>	<p>San Francisco Regional Office 1330 Broadway, Suite 1532 Oakland, CA 94612-2514 (510) 622-1016</p>
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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: \_\_\_\_\_

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10. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:

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

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

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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**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: \_\_\_\_\_

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