

**STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD**

**PETITION
FOR UNIT CLARIFICATION**

For use pursuant to the Farm Laborers' Fair Labor Practices Act

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| INSTRUCTIONS: This petition may be filed electronically by emailing to sera@perb.ny.gov. For more information on e-filing and alternatives, visit www.perb.ny.gov. If more space is required for any item, attach additional sheets numbering each item accordingly. | <u>DO NOT WRITE IN THIS SPACE</u> Case No. _____ Date Received: _____ |
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The Petitioner alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. The purpose of this petition is to clarify whether a position is encompassed within the scope of an existing unit.

2. Name of employer: _____
Address (No. & street, city, zip code) _____

Telephone number: () _____ County: _____
Email address _____

3. Name of petitioner, if not the employer: _____
Address (No. & street, city, zip code) _____

Telephone number: () _____ County: _____
Email address: _____

4. Name of representative, if any, to whom correspondence is to be directed: _____
Address (No. & street, city, zip code) _____

Telephone number: () _____
Email address: _____

5. Identify any currently recognized or certified negotiating agent or any other employee organization(s) which may be affected by this petition.
Name: _____
Address: _____

Name: _____
Address: _____

6. (a) Describe the negotiating unit(s) which may be affected by the petition. Include job titles and classifications, and number of employees in such unit(s).

(b) Attach a copy of the most recent contract for the negotiating unit(s).

7. Set forth a clear and concise statement of the details of and the reasons for the proposed clarification. Include the job title and classification, job description and number of employees in each position which is the subject of the petition.

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

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|--|--------------|----------------|
| | _____ | Petitioner |
| By: _____ | _____ | Title (if any) |
| Signature of representative filing petition | | |
| () _____ | Dated: _____ | |

Contact information of individual who will serve as representative of the petitioner and accept service of all papers for purposes of the representation proceeding:

Name: _____
Title: _____
Affiliation: _____
Address: _____

Telephone No. _____
Fax No. _____
Email address: _____