

**STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD
WWW.PERB.NY.GOV**

This form may be filed electronically at 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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1. Name of employer	Telephone
2. Address of employer (including Zip Code)	
3. Address at which alleged unfair labor practices occurred	
4. General nature of business	
5. Approximate total number of employees	6. Number of employees involved in alleged unfair labor practices
7. Nature of work done by employees involved	

CHARGE

8. Pursuant to Section 706 of the New York State Employment Relations Act, the undersigned hereby charges that the above-named employer has engaged in and is engaging in unfair labor practices within the meaning of Section 704 of said Act, in that (Specify the particular alleged violation, with a brief statement of the facts supporting the charge, use additional sheet(s) if necessary. You must also identify the subsections of Sections 704 of the Act which are alleged to have been violated and include all the facts required by Section 252 of the Private Sector Rules of Procedure available at our website.)

9. Approximate percentage and volume of sales to, and purchases from, points outside New York State.

10. Any other facts concerning interstate commerce.

11. Whether NLRB has accepted or declined jurisdiction over the employer.

Form continues on following page.

.....(name of person filing the charge),
declares that he/she has read the foregoing charge and knows the contents
thereof: that the same is true to his/her own knowledge, except as to the
matters therein stated to be alleged on information and belief, and as to those
matters he/she believes to be true. The person filing this charge declares the
contents of this charge to be true under penalty of perjury under the laws of
the State of New York.

.....
(Signature)

.....
Date

Name of person or labor organization making the charge
(If made by a labor organization, give the name and
official position of the person acting for the organization.)

.....
.....
(Signature)

Address.....
(Include Zip Code)

Telephone No

Fax No:

Email: