

**STATE OF NEW YORK**  
**PUBLIC EMPLOYMENT RELATIONS BOARD**  
**UNFAIR LABOR PRACTICE CHARGE - FARM LABORERS**  
[WWW.PERB.NY.GOV](http://WWW.PERB.NY.GOV)

This petition may be electronically filed 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.	<b><u>DO NOT WRITE IN THIS SPACE</u></b>  <b>Case No.:</b>  <b>Date Received:</b>
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1. Name of employer	Telephone
2. Address and email 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, if known	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 and/or 704-b 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 and/or 704-b of the Act which are alleged to have been violated and include all the facts required by Section 263.36 of the Private Sector Rules of Procedure available at our website.)

.....(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: .....