



*** **DO NOT WRITE IN THIS BOX (For Internal Use Only)*****

Case No.:

Date Received:

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
 • Private Sector •

PETITION FOR UNIT CLARIFICATION – FLFLPA Only

Instructions:

- Answer every question completely.
- If more space is required, attach additional sheets, noting the item number(s) in your response.
- File the form by email to sera@perb.ny.gov; by mail to New York State Public Employment Relations Board, P.O. Box 2074, ESP Agency Bldg 2, Floor 18, Albany, NY 12220-0074; or by fax to (518) 457-2664.

Purpose of this form: The purpose of this petition is to clarify whether a position is encompassed within the scope of an existing bargaining unit. The Petitioner alleges that the following circumstances exist, and requests that the New York State Public Employment Relations Board (PERB) proceed under its proper authority.

The Petitioner is: Labor/Employee Organization Employer

1. Petitioner		
Name, Affiliation & Address (include number, street, city, state, zip code):	Telephone number (include area code):	Email address:
2. Petitioner's Attorney or Other Representative, if any		
One with whom PERB should communicate about this matter and who will accept service of papers on Petitioner's behalf.		
Name & Address (include number, street, city, state, zip code):	Telephone number (include area code):	Email address:
3. Respondent Employer or Labor/Employee Organization		
Name & Address (include number, street, city, state, zip code):	Telephone number (include area code):	Email address:
4. Identify any currently recognized or certified negotiating agent or any other employee organization(s) that may be affected by this petition.		
Name, Affiliation & Address (include number, street, city, state, zip code):	Telephone number (include area code):	Email address:
Name, Affiliation & Address (include number, street, city, state, zip code):	Telephone number (include area code):	Email address:

5. Describe the general nature of the employer's business.

6. Describe the present bargaining unit(s) which may be affected by the petition. Include job titles and classifications, and number of employees in such unit. If the bargaining unit is certified, please provide an identification of the existing certification.

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.

8. Please describe the job title and classification, job description, and number of employees in each position in the unit(s) as proposed under the clarification.

9. Please attach a copy of the most recent collective bargaining agreement for the negotiating unit(s), if any. If there is no collective bargaining agreement, please so state.

SUPPORTING DECLARATION

I, the undersigned, declare that I am the Petitioner named above, or their Representative, and that I have read the above Petition consisting of this and the attached additional page(s), and I am familiar with the facts alleged therein, which facts I know to be true, except as to those matters alleged on information and belief, which matters I believe to be true. I declare the contents of this petition to be true under penalty of perjury under the laws of the State of New York.

Signature: _____

Name: _____

Title: _____

Date: _____