



\*\*\* **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 A CERTIFICATION INVESTIGATION**

**Instructions:**

- If you are unsure whether this form applies to you, please first review the “Guide for Parties Representing Themselves under the SERA,” which is located on our website [here](#).
- 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](mailto: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.
- The Petitioner shall serve a copy of the Petition to all named parties and submit proof of service when filing the Petition.
- **Evidence supporting a showing of interest, or lack thereof, shall be filed with the Petition.** Under the Rules of the State Employment Relations Act (SERA), such evidence may consist of dues deduction authorizations, original designation cards, individually signed petitions in favor of recognition, membership cards, or similar evidence of support for a labor organization. The requisite showing of interest may be submitted in electronic format. The original evidence must be received by PERB in the mail within three (3) business days of the electronic filing of the Petition.

**Purpose of this form:** This petition requests an investigation into whether an appropriate bargaining unit should be represented by a specified certified employee representative (*i.e.*, whether a labor union should be, or remain, certified to represent employees in the proposed bargaining unit).

**The Petitioner is:**       Labor/Employee Organization       Employer       Employee

**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. Does the Petitioner request to be certified as the collective bargaining representative of the employee(s) within the bargaining unit(s) claimed to be appropriate?  Yes  No

5. a. Does the Petitioner allege that a question or controversy has arisen concerning the representation of the employees in the above bargaining unit(s) in that a substantial number of employees in the described unit wish to be represented by a labor organization? Please specify.

30-50% of the described unit  over 50% of the described unit  Not applicable

b. Alternatively, does the Petitioner allege that a majority of employees in the described unit no longer wish to be represented by their certified bargaining representative?  Yes  No

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

7. List the types, classifications, or groups of employees which the Petitioner claims constitute the appropriate bargaining unit(s) at issue, if applicable.

8. List the proposed or existent bargaining unit(s) and the number of employees in each.

9. Provide the address(es) at which employees in such unit(s) are employed.

10. List the names and addresses of any other known individuals or labor organizations who claim, or may claim, to represent any of the employees in such bargaining unit(s).

11. Please provide a brief description of the collective bargaining agreements, if any, currently covering employees in the proposed unit(s):

**12. Jurisdiction if not an Agricultural Employer<sup>1</sup>** – If the Employer is ***not*** an agricultural employer, please answer the following questions on jurisdiction:

- a. The National Labor Relations Act (NLRA) is a federal law that applies to most private sector employers. The State Employment Relations Act (SERA) is a New York State law that applies only where the federal law, the NLRA, does not. PERB has jurisdiction only with respect to the SERA.

Has the National Labor Relations Board accepted or declined jurisdiction over the Employer?

Accepted    Declined    Unknown

- b. If the NLRB has not declined jurisdiction over the Employer,<sup>2</sup> please provide any information you have concerning the approximate percentage and volume of sales to, and purchases from, points outside New York State:

SALES to points outside NYS:

- Approximate value: \$ \_\_\_\_\_
- Approximate volume of Employer's total sales: \_\_\_\_\_ %

PURCHASES from points outside NYS:

- Approximate value: \$ \_\_\_\_\_
- Approximate volume of Employer's total purchases: \_\_\_\_\_ %

- c. If there are any other facts concerning interstate commerce and potential jurisdiction of PERB, please provide them.

---

<sup>1</sup> Agricultural employers are explicitly under the jurisdiction of the SERA, which was specifically amended to cover agricultural employers and farm laborers under the Farm Laborers' Fair Labor Practices Act (FLFLPA) and the SERA.

<sup>2</sup> If you are unsure whether the NLRA would apply, before submitting this Petition to PERB, you are strongly encouraged to seek guidance from the NLRB or to research its jurisdictional standards, which are discussed on its website.

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 that 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: \_\_\_\_\_

DECLARATION OF AUTHENTICITY

I declare that, upon my personal knowledge or upon my inquiries, the persons whose names appear on the evidence submitted have themselves signed such evidence on the dates specified thereon, and that the persons specified as current members are, in fact, current members, and that inquiry was made regarding their inclusion in the negotiating unit which is the subject of the representation petition, or regarding their wish to cease being represented.

Please check the appropriate box to specify whether this declaration is made upon:

- Personal Knowledge       Inquiries (Information from others)

If the declaration is upon inquiries that the declarant has made, and not upon the declarant's personal knowledge, the declarant shall specify the nature of those inquiries:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_