STATE OF IOWA

BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD

PETITION

INSTRUCTIONS—Submit an original and one (1) copy of this Petition to the Board. If more space is required, attach additional sheets.

FOR PERB USE ONLY
Case No. _____

1. PURPOSE OF THIS PETITION:
   a. Check the appropriate box(es).
   - ☐ UD - Unit Determination—Petitioner, a public employer, employee, or employee organization, requests that the appropriate unit for collective bargaining be determined by the Board pursuant to Iowa Code section 20.13.
   - ☐ UR - Unit Reconsideration—Petitioner, a public employer, employee or employee organization, alleges that a previous unit determination is now inappropriate and requests that the Board review said determination. (Attach a sheet describing how the previously determined unit is inappropriate. NOTE: A UR petition may only be filed in combination with an election petition pursuant to PERB rule 4.6.)
   - ☐ Unit has previously been determined by the Board. Identify Case No., if known. _____

   b. If an election is requested, check the appropriate box.
   - ☐ RC - Certification—Petitioner, an employee organization, has submitted to the public employer listed below a request to bargain collectively and 30 percent of the employees in an appropriate unit are members of the Petitioner or have authorized it to bargain on their behalf. (Submit with this Petition a showing of interest as required and described by PERB subrule 4.3(2).)
   - ☐ RD - Decertification—Petitioner, a public employee, alleges that this certified representative does not represent a majority of the employees in the existing bargaining unit and that the employees do not wish to be represented by an employee organization. (Submit with this Petition evidence that 30 percent of the employees in the unit support the petition as required by subrule 4.3(2).)
   - ☐ RM - Representation—Petitioner, a public employer, alleges that one or more employee organizations have requested bargaining, and that no such organization has been certified by the Board as the bargaining representative of the employees in an appropriate unit.

2. NAME AND ADDRESS OF PUBLIC EMPLOYER

   Employer's representative: Telephone:

3. DESCRIPTION OF UNIT CLAIMED APPROPRIATE BY THE PETITIONER (For UD or UR petitions only)

   Included:

   Excluded:

   3.a. Approximate Number of Employees in Unit _____

4. CERTIFIED EMPLOYEE ORGANIZATION (if none, so state)

   Its representative: Telephone:

5. NAME AND ADDRESS OF PETITIONER

   Petitioner's representative: Telephone:

_____ Signature

_____ Date