

**STATE OF OREGON  
EMPLOYMENT RELATIONS BOARD  
PETITION FOR REPRESENTATION OR UNIT CHANGES  
Public Employment**

**INSTRUCTIONS:** Submit *original and one copy* to the Board with any *original* required showing of interest. If more space is required, attach additional sheets.

Employment Relations Board, 528 Cottage Street NE, Suite 400, Salem, OR 97301-3807.  
Phone: (503) 378-3807 / Fax (503)373-0021

**For Board Use Only**

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

1. Purpose of Petition:

- RC—CERTIFICATION OF REPRESENTATIVE.** At least 30% of the employees in the proposed or existing bargaining unit desire to be represented by Petitioner for purposes of collective bargaining, and Petitioner desires to be certified as the exclusive representative of the unit (OAR 115-025-0000(1)(a)).
- CC—CERTIFICATION WITHOUT ELECTION.** More than 50% of the employees in an appropriate bargaining unit desire collective bargaining representation by the labor organization named in the Petition, and none of the employees in the proposed unit are currently represented. (OAR 115-025-0000(1)(c)).
- DC—DECERTIFICATION.** At least 30% of the employees in an existing bargaining unit assert that their exclusive bargaining representative no longer represents a majority of the employees in the unit and seek decertification (OAR 115-025-0000(1)(d)).
- RM—REPRESENTATION** Employer asserts that one or more labor organizations have presented a claim for recognition or continued recognition as the exclusive bargaining representative of its employees; employer has a good faith doubt as to the continued majority status of the incumbent labor organization and requests an election (OAR 115-025-0000(1)(b)).
- UC—REDESIGNATION OF UNIT.** Employer seeks to remove employees from the existing bargaining unit because it believes the employees are inappropriately included under criteria contained in ORS 243 682(1). (OAR 115-025-0000(1)(e)).
- UC—UNIT CLARIFICATION.** A labor organization (recognized or certified as exclusive representative of the bargaining unit) or a public employer seeks clarification of placement of certain employees:
  - OAR 115-025-005(2)—Public employee status
  - OAR 115-025-005(3)—Question whether position is included in unit based on certification or contract language
  - OAR 115-025-005(4)—Addition of unrepresented positions to unit
  - OAR 115-025-005(5)—Merger of bargaining units
  - OAR 115-025-005(6)—Appropriate unit placement (transfer)
- UC—AMENDMENT OF CERTIFICATION OR RECOGNITION.** (OAR 115-025-0008.)
- UC—REVOCAION OF CERTIFICATION OR RECOGNITION** (OAR 115-025-0009.)
- RCM—MERGER OF SCHOOL DISTRICTS** (OAR 115-025-0090.)

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| 2. Name/address of Public Employer:  | Name/address/phone of employer's representative:           |
| 3. Name/address of any current recognized or certified labor organization:   | Name/address/phone of labor organization's representative: |
| 4. Description of proposed bargaining unit <i>or</i> description of existing unit and proposed change:   |  |
| 5. For petitions for Certification without Election only—By signing below, Petitioner certifies that no other labor organization is currently certified or recognized as the exclusive bargaining representative of any employee in the proposed unit. |  |
| 6. Number of employees in proposed or existing unit: _____<br>Number of employees to be added to or removed from existing unit: _____  |  |
| 7. Current contract (submit copy): Effective date: _____ Expiration Date: _____  |  |
| 8. Name, address, and phone number of labor organizations other than Petitioner that represent or are known to have an interest in representing employees in the existing or proposed bargaining unit or clarification:                                |  |
| 9. Any other relevant facts:   |  |

I certify that the statements in this petition are true to the best of my knowledge and information.

Petitioner/Organization: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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