

INSTRUCTIONS: This petition must be filed in EAB's electronic document management system. Service of this petition is governed by EAB rules 621—2.15 and 16.10.

**STATE OF IOWA
BEFORE THE EMPLOYMENT APPEAL BOARD**

IN THE MATTER OF:)	
)	
_____ , Public Employer,)	
and)	PETITION FOR MERGER OF BARGAINING UNITS REPRESENTED BY THE SAME ORGANIZATION
_____ , Petitioner/Certified Employee Organization.)	
)	
)	

COMES NOW the Petitioner, _____, and in support of its Petition for Merger of Bargaining Units, states as follows:

1. Petitioner seeks to merge two bargaining units it represents into one successive bargaining unit.
2. The case number where the first bargaining unit was originally determined by EAB and the case number(s) of any subsequent amendments to the bargaining unit or Petitioner's certification are:

3. The description of this existing first bargaining unit is:

INCLUDED:

EXCLUDED:
4. The case number where the second bargaining unit was originally determined by EAB and the case number(s) of any subsequent amendments to the bargaining unit or certification are:

5. The description of the existing second bargaining unit is:

INCLUDED:

EXCLUDED:

6. The proposed description of the successive bargaining unit after the merger is:

INCLUDED:

EXCLUDED:

7. The affected job classifications and the number of employees involved in each classification for each bargaining unit are:

A. Bargaining Unit One:

B. Bargaining Unit Two:

8. Petitioner is seeking to amend its unit and merge the second unit of employees into the first unit for the following reason(s):

9. Identify the public-safety or non-public-safety status of each unit. (See EAB subrules 621—1.6(12) and 1.6(13)).

10. If the merger sought by this petition is granted, identify the public safety/non-public-safety status of the successive unit.

11. The name and address of the Public Employer is:

12. The name, address, telephone number and email of the Public Employer's representative is:

13. The name, address, telephone number and email of the Petitioner/ Certified Employee Organization is (if none, so state):

14. The name, address, telephone number and email of the Petitioner/ Certified Employee Organization's representative is:

15. The names and addresses of other organizations which may claim to represent employees in the two affected bargaining units (if none, so state):

16. There are executed affidavits for the units that comply with EAB subrule 621—4.9(2) and those affidavits are filed as attachments to this petition.

17. The public employer is/is not willing to stipulate to the proposed unit description. (If so, please file an executed stipulation with this petition).

Submitted by:

Signature

Printed Name

Address

Phone Number

Email