

INSTRUCTIONS: This petition must be filed on 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**

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IN THE MATTER OF:	)	
	)	
_____,	)	
Petitioner,	)	
	)	PETITION FOR AMENDMENT
and	)	OF BARGAINING UNIT
	)	
_____,	)	
Respondent.	)	
	)	

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COMES NOW the Petitioner, \_\_\_\_\_, and in support of its Petition for Amendment of Bargaining Unit, states as follows:

1. The case number where the bargaining unit was originally determined by EAB and case number(s) of any subsequent amendments to the bargaining unit, if applicable, are:

2. The description of the existing bargaining unit is:

INCLUDED:

EXCLUDED:

3. The description of the proposed bargaining unit is:

INCLUDED:

EXCLUDED:

4. The affected job classifications and the number of employees involved in each classification are:

5. Petitioner is seeking an amendment of unit for the following reason(s):

6. Is the bargaining unit sought to be amended currently a public safety unit or non-public safety unit? ([See 621 IAC 1.6\(12\) and 1.6\(13\)](#)).

Public Safety

Other, please explain:

Non-Public Safety

7. If the amendment sought by this petition is granted, will the current public safety/non-public-safety status of the unit change?

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

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

10. The name, address, telephone number and email of the Certified Employee Organization is (if none, say "none"):

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

12. The names and addresses of other organizations which may claim to represent employees in the proposed bargaining unit (if none, say "none"):

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email