

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**

IN THE MATTER OF:)	
)	
_____ ,)	
Public Employer,)	
)	
and)	PETITION FOR AMENDMENT
)	OF CERTIFICATION
)	
_____ ,)	
Certified Employee Organization/ Petitioner.)	
)	
)	

COMES NOW the Petitioner, _____, and in support of its Petition for Amendment of Certification states as follows:

1. The case number where the employee organization was originally certified by EAB and case number(s) of any subsequent amendments are:

2. The name of the employee organization as currently certified is:

3. The proposed name of the certified employee organization is:

4. The name, address, telephone number and email of the Public Employer is:

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

6. If applicable, the new name of the Public Employer is:

7. Petitioner is seeking an amendment to its certification for the following reason(s):

8. Name, address, telephone number and email of Petitioner is:

10. This petition is accompanied by an affidavit as required by EAB subrule 621—4.8(2) and it is labeled as attachment _____.

11. There is/is not a change to the employee organization's name or a change to its governing body. (If so, updated and final agency reports that comply with EAB subrules 621—4.8(2)(b) and 4.8(2)(c) are filed as attachments to this petition).

Submitted by:

Signature

Printed Name

Address

Phone Number

Email