

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

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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:

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Signature

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Printed Name

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Address

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Phone Number

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Email