

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:)
))
_____,)
Petitioner,)
))
and)
))
_____,) PETITION FOR CLARIFICATION
Public Employer (if not petitioner),) OF BARGAINING UNIT
))
and)
))
_____,)
Employee Organization)
(if not petitioner).)

COMES NOW the Petitioner, _____, and in support of its Petition for Clarification 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. Petitioner is seeking a clarification of bargaining unit for the following reason(s):

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

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

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

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

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

9. The name and address of the Petitioner (if other than public employer or certified employee organization) is:

Submitted by:

Signature

Printed Name

Address

Phone Number

Email