

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)
)
 _____,)
 Public Employer (if not petitioner),)
)
)
 _____,)
 Employee Organization (if not petitioner).)

PETITION

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

1. The purpose of this Petition is (check the appropriate box):

UD UNIT DETERMINATION. Petitioner, a public employer, employee, or employee organization, requests that the appropriate bargaining unit for collective bargaining be determined by the Board pursuant to Iowa Code section 20.13.

UR UNIT RECONSIDERATION. Petitioner, a public employer, employee or employee organization, alleges that a previous bargaining unit determination is now inappropriate and requests that the Board review said determination. If UR selected, complete (a) and (b).

a. The unit was previously determined by EAB or PERB in case number (if known)_____.

b. Petitioner alleges the previously determined unit is inappropriate for the following reason(s):

c. Petitioner understands a unit reconsideration petition may only be filed in combination with an election petition pursuant to EAB rule 4.6.

2. If an election is requested, check the appropriate box:

RC CERTIFICATION. Petitioner, an employee organization, has submitted to the public employer listed below a request to bargain collectively and 30 percent of the employees in an appropriate bargaining unit are members of the Petitioner or have authorized it to bargain on their behalf. (Submit with this Petition a showing of interest as required and described by EAB subrule 4.3(2)).

RD DECERTIFICATION. Petitioner, a public employee, alleges that this certified representative does not represent a majority of the employees in the existing bargaining unit and that the employees do not wish to be represented by an employee organization. (Submit with this Petition evidence that 30 percent of the employees in the unit support the petition as required by EAB subrule 4.3(2)).

RM REPRESENTATION. Petitioner, a public employer, alleges that one or more employee organizations have requested bargaining, and that no such organization has been certified by the Board as the bargaining representative of the employees in an appropriate unit.

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

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

5. The description of the unit involved or claimed appropriate by the Petitioner is:

INCLUDED:

EXCLUDED:

The approximate number of employees in the unit is_____.

6. The name of the employee organization is (if none, say "none"):

7. The name, address, telephone number and email of the employee organization's representative is:

8. The name, address, telephone number and email of the Petitioner (if a public employee) is:

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

Submitted by:

Signature

Printed Name

Address

Phone Number

Email