

INSTRUCTIONS: This petition must be filed in 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 MERGER OF BARGAINING UNITS REPRESENTED BY AFFILIATED ORGANIZATIONS
_____ , Petitioner/Certified Employee Organization.)	
)	
)	

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

1. Petitioner seeks to amend the existing bargaining unit it represents and add the bargaining unit of employees represented by the affiliated certified employee organization, _____.
2. The case number where the Petitioner-represented bargaining unit was originally determined by EAB and the case number(s) of any subsequent amendments to the bargaining unit or Petitioner's certification are:
3. The description of this existing first bargaining unit is:

INCLUDED:

EXCLUDED:
4. The case number where the second bargaining unit was originally determined by EAB and the affiliated employee organization was certified, and the case number(s) of any subsequent amendments to the bargaining unit or certification are:

5. The description of the existing second bargaining unit is:

INCLUDED:

EXCLUDED:

6. The proposed description of the successive bargaining unit is:

INCLUDED:

EXCLUDED:

7. The affected job classifications and the number of employees involved in each classification for each bargaining unit are:

A. First unit:

B. Second unit:

8. Petitioner is seeking to amend its unit and merge the second unit of employees into the first unit for the following reason(s):

9. Identify the public-safety or non-public-safety status of each unit. (See EAB subrules 621—1.6(12) and 1.6(13)).

10. If the merger sought by this petition is granted, identify the public safety/non-public-safety status of the successive unit.

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

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

13. The name, address, telephone number and email of the Petitioner/ Certified Employee Organization is (if none, so state):
14. The name, address, telephone number and email of the Petitioner/ Certified Employee Organization's representative is:
15. The name of the affiliated certified employee organization is:
16. The name of the affiliated certified employee organization's representative is:
17. The names and addresses of other organizations which may claim to represent employees in the two affected bargaining units (if none, so state):
18. The public employer is/is not willing to stipulate to the proposed unit description. (If so, please file an executed stipulation with this petition).
19. The accompanying documents that comply with EAB subrule 621—4.10(2) are each filed as a separate attachment to this petition:
 - A. An affidavit, as specified in subrule 4.10(2)(a), relating to the bargaining unit currently represented by Petitioner.
 - B. Updated agency reports, as specified in subrule 4.10(2)(b), for Petitioner if there are changes in name or the governing body.
 - C. Final EAB annual report, as specified in subrule 4.10(2)(c), for the affiliated employee organization if the organization is not certified by EAB to represent other bargaining units.
20. Petitioner recognizes EAB will conduct an amendment of unit election in according to EAB rule 621—5.8 with respect to the bargaining unit of employees represented by the affiliated employee organization. Petitioner will provide all information requested for the conduct of that election.

Submitted by:

Signature

Printed Name

Address

Phone Number

Email

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