

REPRESENTATION PETITION

OFFICE OF COLLECTIVE BARGAINING
40 RECTOR STREET - 7TH FLOOR
NEW YORK, N.Y. 10006
PHONE (212) 306-7160 FAX (212) 306-7167

Docket Number

Date Filed

INSTRUCTIONS: Consult the New York City Collective Bargaining Law, Chapter 3, Title 12 of the Administrative Code of the City of New York ("NYCCBL"), § 12-309(b), and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-02. File original and three copies with OCB. If extra space is needed, use additional numbered sheets.

1. PURPOSE OF THIS PETITION (check the appropriate box):

- RU - Certification of Representative - A substantial number of employees wish Petitioner to represent them for the purposes of collective bargaining, and Petitioner requests to be certified as their exclusive bargaining representative.
- RE - Representation (Employer Petition) - The public employer is aware of a question concerning representation of a unit of employees or entertains a good faith doubt concerning the continued majority status of a certified union. Attach a concise statement of facts upon which the assertions are based.
- RD - Decertification (Removal of Representative) - A substantial number of employees assert that the certified or designated employee organization is no longer the representative of the employees in the appropriate unit(s).
- AC - Amendment of Certification - The public employer or public employee organization seeks the addition or deletion of a title(s) to an existing bargaining unit. See OCB Rules § 1-02(u). Amendment of Cert No. _____ requested.

2. PUBLIC EMPLOYER INFORMATION

Name:

Address:

Phone:

Fax:

Email (optional):

3. (a) Unit involved (include a brief description of relevant titles):

(b) If AC petition, describe amendment sought:

4. Approximate number of employees in unit:

5. Is petition supported by 30% or more of the employees in the unit? (Check one) Applicable only for RU and RD petitions.
 Yes No

6. CURRENT BARGAINING REPRESENTATIVE (If none, so state)

Name:

Address:

Phone:

Fax:

Email (optional):

7. If applicable, expiration date of current contract:

8. The name and address of other public employee organizations which Petitioner believes claim to represent employees in the unit involved or titles sought:

9. PETITIONER

Name:

Title:

Address:

Phone:

Fax:

E-mail (optional):

Signature

Date