

ALASKA LABOR RELATIONS AGENCY
3301 EAGLE STREET, SUITE 206
ANCHORAGE, ALASKA 99503
(907) 269-4895 FAX (907) 269-4898

OFFICE USE ONLY	LABOR ORGANIZATION REPRESENTATION PETITION
DATE FILED:	
ALRA Case No.	

INSTRUCTIONS: Submit an original and one copy of this petition, and two copies of a current roster of labor or employee organization's officers and representatives, constitution, and bylaws to the Alaska Labor Relations Agency. For assistance, contact our hearing officer at (907) 269-4895, Fax (907) 269-4898.

The petitioner alleges that the following circumstances exist and requests that the Alaska Labor Relations Agency proceed under AS 23.40.100 of the Public Employment Relations Act or AS 42.40.750 for the Alaska Railroad Corporation Act.

(If more space is required, attach additional sheets.)

1. PURPOSE OF THIS PETITION (Check all applicable):

- RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as a representative of the employees. This petition must be accompanied by a current roster of Petitioner's officers and representatives and Petitioner's constitution and bylaws.
- RD-DECERTIFICATION** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

2. LABOR ORGANIZATION (Petitioner):

Name and affiliation(s), if any, of petitioner:

Address: _____

Telephone No.: _____

FAX No.: _____

E-mail: _____

3. EMPLOYER (Respondent):

Name of employer: _____

Address: _____

Approximate number of employees: _____

Person to contact and title, if known:

Telephone No.: _____

FAX No.: _____

E-mail: _____

4. Describe proposed unit by providing position classifications and work locations for employees to be included and excluded. For RD, also describe existing unit.

Included:

Excluded:

5a. Number of employees in proposed unit: _____	5b. Is this petition supported by 30 percent of the employees in the proposed unit? <input type="checkbox"/> YES <input type="checkbox"/> NO (Serve showing of interest support on Agency only.)
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6. RD: Name of Recognized or Certified Bargaining Agent & Affiliation: _____ Address & Telephone No. _____ Date of Recognition or Certification: _____
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7. If the petitioner proposes to sever a bargaining unit from an existing unit, the petitioner <u>must</u> state: <ul style="list-style-type: none"> a. Why the employees are not receiving adequate representation with the existing unit: b. Whether the employees in the proposed unit are employed in jobs which have traditionally been represented by their own representative: c. Why the employees in the proposed unit have a community of interest that is not identical to that of employees in the existing unit: d. How long the employees in the proposed bargaining unit have been represented as a part of the existing unit: e. Why the grant of the petition will not promote excessive fragmentation of the existing bargaining unit:

8. RD: Expiration date of current collective bargaining agreement, if any (month, day, year) _____	9. RD: Execution date of collective bargaining agreement, if any (month, day, year) _____
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10. Organizations or individuals other than Petitioner (other than those named in item 6 above), that have claimed recognition as bargaining representatives and any other organizations or individuals known to have an interest in representing any employees in unit described in item 4 above.								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Affiliation</th> <th style="width: 25%; text-align: left;">Address</th> <th style="width: 25%; text-align: left;">Date of Claim</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Affiliation	Address	Date of Claim				
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<p>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</p> <p>BY: _____ (Signature of Representative or Person filing petition)</p> <p>Title: _____ Date: _____</p> <p>This is to certify that on this _____ day of _____ a true and correct copy of the foregoing was mailed or hand delivered (circle one) to respondent and all other parties involved.</p> <p>List the name and address of each party served. _____ _____</p> <p style="text-align: center;">_____ Signature</p> <p>**NOTE: (You must serve this petition on all other parties involved; including the Union in a decertification petition).</p>
