



State of Ohio
 State Employment Relations Board
 65 East State Street, 12th Floor
 Columbus, Ohio 43215-4213
 (614) 644-8573
 (614)466-3074 Fax

<http://www.serb.state.oh.us/2000%20forms/MED/RFDOUS.PDF>

Case No.
Mediation Case No.

REQUEST FOR DETERMINATION OF UNAUTHORIZED STRIKE

INSTRUCTIONS: An employer may file the Request for Determination of Unauthorized Strike when it believes that employees are engaged in an unauthorized strike. This document is to be sent to SERB and the employee organization electronically in read only format. A party lacking the capability for electronic service may file motion for relief from electronic filing requirements pursuant to OAC 4117-1-02(F). The employer requests that the State Employment Relations Board proceed under its proper authority pursuant to Ohio Revised Code Section 4117.23.

1. Name of Employer:

Address:	Telephone: ()
City, County, State, Zip:	Email:

2. Name of Employer's Representative:

Address:	Telephone: ()
City, State, Zip:	Email:

3. Name of Employee Organization recognized as the Exclusive Representative of employees involved in the alleged unauthorized strike:

Address:	Telephone: ()
City, State, Zip:	Email:

4. Name of any other Employee Organization(s) participating in alleged unauthorized strike:

5. Name of representative(s) of other Employee Organization(s):

6. Attach to this request or be prepared to furnish the names, addresses, and job classifications or functions of employees who are on strike.

7. Date alleged unauthorized strike commenced:	8. Number of Employees on strike:
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9. Collective Bargaining Agreement: Are any of the employees on strike currently covered by a collective bargaining agreement? ___Yes ___No

If yes, state expiration date: (1) of agreement _____ (2) of extension _____ (if any)

Are negotiations for a REOPENER of the collective bargaining agreement? ___Yes ___No

If yes, designate: (1) date on which negotiation period ends: _____
 (2) section of re-opener provision: _____ (attach copy of provision)

10. Date when written Notice of Intent to Strike was received by Employer:	
11. Description of efforts made to resolve the dispute, including Statutory or Alternate Dispute Resolution Procedures:	
12. Basis of Request: (Provide a clear and concise statement setting forth the nature of the activity alleged to constitute a strike and the reason why the employer alleges that the strike is unauthorized).	
DECLARATION	
I declare that I have read the contents of this Request for Determination of Unauthorized Strike and that the statements it contains are true and correct to the best of my knowledge and belief.	
Signature of Person Attesting to Content of Form	Date
Print or Type Name	
THIS REQUEST FOR DETERMINATION OF UNAUTHORIZED STRIKE WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE EMPLOYER.	
PROOF OF SERVICE	
I certify that an exact copy of the foregoing Request for Determination of Unauthorized Strike has been sent electronically to:	
(Name, complete address and email address of representative of employee organization)	
this _____ (day) of _____ (month), _____ (year).	
Signature of Person Attesting to Service of Form	Print or Type Name

In case of a wildcat strike or a strike by unrepresented employees, post copies of this Request for Determination of Unauthorized Strike in conspicuous locations where employees will be reasonably apprised of the contents.