



State of Ohio  
State Employment Relations Board  
65 East State Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-4213  
(614) 644-8573  
REP@SERB.ohio.gov

Case No.

## PETITION FOR AMENDMENT OF CERTIFICATION

**INSTRUCTIONS:** This document is to be sent to SERB electronically in read only format. A party lacking the capability for electronic service may file a motion for relief from electronic filing requirements pursuant to OAC 4117-1-02(F). If more space is required for any item, attach additional sheets. Either the employer, the employee organization certified as the exclusive representative, or both parties jointly may file a Petition for Amendment of Certification. Pursuant to Ohio Administrative Code Rule 4117-5-01 (E)(1), this petition is filed by (check one):

The Employer

The Employee Organization

Both Parties Jointly

**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 & Parent Organization Affiliation (if any):**

Address:

Telephone:

( )

City, State, Zip:

Email:

**4. Name of Employee Organization's Representative:**

Address:

Telephone:

( )

City, State, Zip:

Email:

**5. Certification Information (Check One):**

Board-Certified (Case No. \_\_\_\_\_) (or)  Deemed-Certified (Section 4 of Am. Sub. S.B. 133)

**6. Bargaining Unit as currently certified (or recognized for deemed-certified units):**

Included:

Excluded:

**7. Approximate number of employees in existing unit:**

**8. Proposed amended bargaining unit:**

Included (*specify by title or type*):

Excluded:

**9. Approximate number of employees in amended unit:**

**10. Basis of Amendment:**

**11. Affected job classifications and Number of employees in each:**

**DECLARATION**

I declare that I have read the contents of this Petition for Amendment of Certification and that the statements it contains are true and correct to the best of my knowledge and belief.

Signature of Employer's Representative (see item 2)

Signature of Employee Organization's Representative (see item 4)

Date

Date

**UNLESS THIS PETITION FOR AMENDMENT OF CERTIFICATION IS JOINTLY FILED, IT WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE FILING PARTY.**

**PROOF OF SERVICE**

I certify that an exact copy of the foregoing Petition for Amendment of Certification has been sent electronically to:

(Name, complete address and email address of other party(ies) to action)

this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Signature of Person Confirming Service of Form

Print or Type Name

Questions relating to this matter may be addressed to the Representation Division of the State Employment Relations Board at 65 East State Street, 12<sup>th</sup> Floor, Columbus, OH 43215-4213 or (614) 644-8573.

# State Employment Relations Board

## Instructions for completing the Petition for Amendment of Certification Form

### Box: Information Requested

- Check the appropriate box indicating who is filing the petition.
- 1 **Name of Employer** – Fill in complete name, address, phone number of the Employer, including email address.
  - 2 **Name of Employer’s Representative** – Fill in complete name, address, and phone number of the person representing the Employer named in Box 1, including an email address.
  - 3 **Name of Employee Organization & Parent Organization Affiliation (if any)** – Fill in complete name, address, and phone number of the Employee Organization (and Parent Organization affiliation, if any) certified as the exclusive representative, including an email address.
  - 4 **Name Employee Organization’s Representative** – Fill in complete name, address, and phone number of the person representing the Employee Organization named in Box 3, including an email address.
  - 5 **Certification Information** – Check whether the bargaining unit is Board-certified or Deemed-certified. If the Bargaining unit is Board-certified, give the case number of the case where SERB certified the Employee Organization as the exclusive representative for that particular bargaining unit.
  - 6 **Bargaining Unit as currently certified (or recognized for deemed-certified units)** – Provide the description of the bargaining unit as it currently exists. The description is the listing of all position(s) or classification(s) that are included in the bargaining unit and the position(s) and classification(s) that are excluded from the bargaining unit.
  - 7 **Approximate number of employees in existing unit** – Indicate how many employees are in the unit as it is currently described in Box 6.
  - 8 **Proposed amended bargaining unit** – Provide the description of the bargaining unit with the proposed changes. The description is the listing of all position(s) or classification(s) that are included in the bargaining unit and the position(s) and classification(s) that are excluded from the bargaining unit, including the position(s) or classification(s) that are being proposed for inclusion or exclusion from the bargaining unit. If the proposed change is other than a change in the bargaining unit description (eg. Name change), please explain the change in Box 10.
  - 9 **Approximate number of employees in the amended unit** – Indicate how many employees are in the unit with the proposed change.
  - 10 **Basis of the Amendment** – Explain in the detail the reason for the amendment.
  - 11 **Affected job classifications and Number of employees in each** – Give the name of the position(s) or the classification(s) that are affected or involved and indicate how many employees are in each position or classification.
- Declaration** – Requires the signature of the person representing the Employer (see Box 2) and/or the person representing the Employee Organization (see Box 4) that the information provided is true to the best of their knowledge and must include the date. If both, the Employer and the Employee Organization are filing this petition jointly, then the representatives for both must sign and date the form.
- Proof of Service** – The person filing the petition must send an exact copy of this petition to the other party(ies) to the action. The name, address, and email address of the other party(ies) and the day, month and year the copy of the petition was sent must be provided. The person filing the petition or the representative of the person filing the petition must sign and print name confirming that an exact copy of the petition was delivered to the other party(ies) to the action.
- NOTE: A Petition for Amendment of Certification can be emailed or mailed. It must contain an original signature. SERB’s address is at the top left corner of the first page and on the bottom of the second page of the petition.**

# State Employment Relations Board

## COMPLETION CHECKLIST

### Did you remember to:

- ✓ Provide accurate email addresses in Boxes 1-4 (if applicable).
- ✓ Use complete names, addresses, and phone numbers in Boxes 1-4.
- ✓ Check whether the bargaining unit you want to amend is Board or Deemed-certified in Box 5.
- ✓ Give the accurate description of the bargaining unit as it is currently certified in Box 6.
- ✓ Give the description of the unit with the proposed change or amendment in Box 8.
- ✓ Give a detailed explanation of the reason for the amendment in Box 10.
- ✓ Sign, print name and date in the Declaration Box.
- ✓ Complete all the information in the Proof of Service Box and sign and print name on the last line.

**Submit by email or mail.**

[REP@SERB.ohio.gov](mailto:REP@SERB.ohio.gov)