



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

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

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):	
<input type="checkbox"/> Board-Certified (Case No. _____) (or) <input type="checkbox"/> 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 Attesting to 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, 12th Floor, Columbus, OH 43215-4213 or (614) 644-8573.