



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/PCRD.PDF>

Case No.

PETITION TO CHALLENGE REBATE DETERMINATION (Each Employee Challenging the Rebate Determination Must Complete a Separate Form)

INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address and serve *one copy* of this form on the employee organization. If more space is required for any item, attach additional sheets; please number the items accordingly. Ohio Revised Code Section 4117.09(C) requires an employee organization representing public employees under the collective bargaining act to prescribe an internal procedure to determine a rebate of expenditures in support of partisan politics or ideological causes not germane to the work of the employee organization in the realm of collective bargaining. Once the employee organization has made a determination regarding such a rebate, absent arbitrary or capricious action, such determination is conclusive on the parties except that an employee may challenge the determination as arbitrary or capricious within thirty (30) days of the determination date. The State Employment Relations Board shall review the rebate determination and decide whether it was arbitrary or capricious. The Petitioner's failure to provide all requested information and documentation might result in dismissal of the petition.

1. Name of Petitioner:

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

2. Name of Employee Organization making Rebate Determination (include affiliation(s), if any):

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

3. Name of Employer:

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

4. Section of Collective Bargaining Agreement relating to fair share fee (attach copy of relevant provision):

5. Amount paid by employee as fair share fee:

6. Date of Petitioner's request for a rebate (attach copy of request):

7. Rebate determination made by the Employee Organization (attach copy of determination):

Amount of Rebate _____

Date of Determination _____

8. Provide a clear and concise statement of the reason why you believe the rebate determination was arbitrary or capricious:

DECLARATION

I declare that I have read the contents of this Petition to Challenge Rebate Determination 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 PETITION TO CHALLENGE REBATE DETERMINATION WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY THE PETITIONER.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Petitioner to Challenge Rebate Determination has been sent or delivered to:

(Name and complete 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.