



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/PDE.PDF>

Case No.

PETITION FOR DECERTIFICATION ELECTION
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INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address and serve *one copy* each on the employer and the incumbent employee organization representing employees in the proposed bargaining unit. If more space is required for any item, attach additional sheets; please number the items accordingly. The undersigned petitioner requests that the State Employment Relations Board proceed under its proper authority pursuant to Ohio Revised Code Section 4117.07 to conduct an election among the employees in the proposed bargaining unit.

1. Name of Petitioner:

Address:	Telephone: ()
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City, County, State, Zip:	Email:
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2. Name of Petitioner's Representative (If other than petitioner):

Address:	Telephone: ()
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City, State, Zip:	Email:
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3. Name of Employer:

Address:	Telephone: ()
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City, County, State, Zip:	Email:
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4. Name of Incumbent Employee Organization:

Address:	Telephone: ()
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City, State, Zip:	Email:
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5. Certification Information:
 Board-Certified (Case No. _____)

6. Bargaining Unit as currently certified:
 Included:

Excluded:

7. Approximate number of employees in existing unit:

8. Collective Bargaining Agreement: Are the Incumbent Employee Organization and the Employer currently parties to a collective bargaining agreement covering employees in the proposed bargaining unit?

___ Yes ___ No

If yes, state: (1) Effective Date of Agreement _____ (2) Expiration Date of Agreement _____

DECLARATION

I declare that I have read the contents of this Petition for Decertification Election and that the statements it contains are true and correct to the best of my knowledge and belief. I also certify that I have filed with the State Employment Relations Board a showing of interest in accordance with Ohio Administrative Code Rule 4117-5-01(D) demonstrating that at least fifty percent (50%) of the employees in the proposed bargaining unit do not wish to be represented by the incumbent employee organization for purposes of collective bargaining and have authorized the petitioner to act on their behalf in filing this petition.

To distinguish originals, please do not use black ink for signatures.

Signature

Date

Print or Type Name

THIS PETITION FOR DECERTIFICATION ELECTION WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY THE PETITIONER OR THE REPRESENTATIVE OF THE PETITIONER.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Petition for Decertification Election has been sent or delivered to:

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

By Regular U.S. Mail Certified U.S. Mail Hand Delivery Other _____

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.