



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

Case No.

REQUEST FOR RECOGNITION

INSTRUCTIONS: File *one original and one copy* of this form with the State Employment Relations Board at the above address. Serve *one copy* of this form on the employer. In accordance with Ohio Administrative Code Rules 4117-3-01 and 4117-3-03, substantial evidence demonstrating that a majority of employees in the proposed unit wish to be represented by the employee organization must be submitted with this Request to the State Employment Relations Board. The employee organization's representative must sign the certification on the back of this form. It constitutes verification to the employer that substantial evidence has been filed. By filing this Request, the filing employee organization alleges that a majority of the employees in the proposed bargaining unit wish to be represented for purposes of collective bargaining by the employee organization. Accordingly, the employee organization requests that the employer recognize it as the exclusive representative for purposes of collective bargaining.

1. Name of Employee Organization (include affiliations, if any):

Address:

Telephone:

()

City, State, Zip:

Email:

2. Name of Employee Organization's Representative:

Address:

Telephone:

()

City, State, Zip:

Email:

3. Name of Employer:

Address:

Telephone:

()

City, County, State, Zip:

Email:

**4. Description of Proposed Bargaining Unit:
Included (*specify by title or type*)**

Excluded:

5. Approximate Number of Employees in the Unit:

DECLARATION and CERTIFICATION

I declare that I have read the contents of this Request for Recognition 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 substantial evidence in accordance with Ohio Administrative Code Rule 4117-3-03 demonstrating that a majority of the employees in the proposed bargaining unit wish to be represented for the purposes of collective bargaining by the named Employee Organization.

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

Signature of Person Confirming the Content of Form

Date

Print or Type Name

THIS REQUEST FOR RECOGNITION WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE FILING EMPLOYEE ORGANIZATION.

PROOF OF SERVICE

I certify that an exact copy of the foregoing Request for Recognition 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 Confirming Service of Form

Print or Type Name

Notice to Employer

Immediately upon receipt of this Request for Recognition, the employer must post a Notice to Employees of Request for Recognition (ERB 1008 or a reasonable facsimile) in each facility at which the employees in the proposed bargaining unit are employed. The notice must be posted in conspicuous locations where employees will be reasonably apprised of the contents and shall remain posted for twenty-one days. The employer shall file with the Board *one original and one copy* of the Certificate of Posting (ERB 1001), each with a copy of the Notice and a copy of the Request for Recognition. In addition to these obligations, receipt of this Request for Recognition may give rise to certain other rights and obligations under Ohio Revised Code Sections 4117.05 and 4117.07.

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.

State Employment Relations Board

Instructions for completing the Request for Recognition Form

Box: Information Requested

- 1 Name of Employee Organization (including affiliations, if any)** – Fill in complete name, address, and phone number of the Employee Organization (and affiliation, if any) seeking to be voluntarily recognized as the exclusive representative to represent certain employee(s), including an email address.
- 2 Name of Employee Organization’s Representative** – Fill in complete name, address, and phone number of the person representing the Employee Organization named in Box 1, including an email address.
- 3 Name of Employer** – Fill in complete name, address, phone number of the Employer, including email address.
- 4 Description of Proposed Bargaining Unit** – Provide the description of the bargaining unit that the Employee Organization seeks recognition to represent. 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.
- 5 Approximate Number of Employees in the Unit** – Indicate how many employees are in the unit as it is currently described in Box 4.

Declaration and Certification – Requires the signature of the person representing the Employee Organization (Box 2), who completed the form, indicating that (1) the information provided is true and correct to the best of his/her knowledge and (2) that at a majority of the employees in the proposed bargaining unit wish to be represented by the Employee Organization for collective bargaining purposes [[O.A.C. 4117-3-03](#)]. Print name and include the date.

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 Request for Recognition must contain an original signature. It must be filed hard copy with the substantial evidence (Showing of Interest) in accordance with [O.A.C. 4117-3-03](#) that a majority of employees in the proposed unit wish to be represented by the Employee Organization. The substantial evidence (showing of interest) must contain an original signature and the date. The Request can be mailed or hand-delivered. SERB’s address is at the top left corner of the first page and the on the bottom of the second page of the petition.

COMPLETION CHECKLIST

Did you remember to:

- ✓ Provide accurate email addresses in Boxes 1-3 (if applicable).
- ✓ Use complete names, addresses, and phone numbers in Boxes 1-3.
- ✓ Give the accurate description of the proposed bargaining unit, included and excluded, in Box 4.
- ✓ Sign, print name and date in the Declaration and Certification Box.
- ✓ Complete all the information in the Proof of Service Box and sign and print name on the last line.
- ✓ Make sure you include the substantial evidence (showing of interest) in accordance with [O.A.C. 4117-3-03](#) that a majority of employees in the proposed unit wish to be represented by the Employee Organization. The substantial evidence (showing of interest) must contain an original signature and the date.

Submit by mail or hand-delivery.