



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 REPRESENTATION ELECTION  
– EMPLOYEE ORGANIZATION**

**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 any 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 employee organization 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 Employee Organization Requesting the Election (include affiliation(s), 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. Name of Incumbent Employee Organization (if any):**

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

**5. Description of Proposed Bargaining Unit:**

Included (*specify by title or type*):

Excluded:

**6. Approximate Number of Employees in the Unit:**

**7. Collective Bargaining Agreement:** Is the Employer currently a party to a collective bargaining agreement covering ANY employees in the proposed bargaining unit?

\_\_\_ Yes \_\_\_ No

If yes, state:

(1) effective date of agreement \_\_\_\_\_

(2) expiration date of agreement \_\_\_\_\_

**DECLARATION and CERTIFICATION**

I declare that I have read the contents of this Petition for Representation 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 showing of interest in accordance with Ohio Administrative Code Rule 4117-5-01 (B) or (C) demonstrating that at least thirty percent (30%) of the employees in the proposed bargaining unit wish to be represented for the purposes of collective bargaining by the petitioning 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 PETITION FOR REPRESENTATION ELECTION WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE PETITIONING EMPLOYEE ORGANIZATION.**

**PROOF OF SERVICE**

I certify that an exact copy of the foregoing Petition for Representation 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 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 Representation Election – Employee Organization Form

### Box: Information Requested

- 1 **Name of Employee Organization Requesting the Election (including affiliation(s), if any)** – Fill in complete name, address, and phone number of the Employee Organization (and Parent Organization affiliation, if any) requesting an election 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 **Name of Incumbent Employee Organization** - Fill in complete name, address, and phone number of the Incumbent Employee Organization (if any), currently representing the employee(s), including an email address.
- 5 **Description of the Proposed Bargaining Unit** – Provide the description of the bargaining unit that the Employee Organization seeks 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, including the position(s).
- 6 **Approximate number of employees in the unit** – Indicate how many employees are in the unit as it is currently described in Box 5.
- 7 **Collective Bargaining Agreement** – Check the appropriate box indicating whether the Employer is currently a party to a collective bargaining agreement that covers any employee that the Employee Organization is seeking to represent by election. If the Employer is a party to a collective bargaining agreement, please provide the date the agreement became effective and the date the agreement expired.

**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 least thirty percent (30%) of the employees in the proposed bargaining unit wish to be represented by the Employee Organization for collective bargaining purposes [[O.A.C. 4117-5-01 \(B\) or \(C\)](#)]. 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 Petition for Representation Election-Employee Organization must contain an original signature. It must be filed hard copy with substantial evidence (showing of interest) in accordance with [O.A.C. 4117-3-03](#) that at least thirty percent (30%) 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 petition can be mailed or hand-delivered. 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.
- ✓ Give the accurate description of the proposed bargaining unit, included and excluded, in Box 5.
- ✓ Indicate whether the Employer is currently a party to a collective bargaining agreement and the terms of that agreement.
- ✓ 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 substantial evidence (showing of interest) in accordance with [O.A.C. 4117-3-03](#) that at least thirty percent (30%) 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.**