



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. _____

PETITION FOR CLARIFICATION OF BARGAINING UNIT

INSTRUCTIONS: This document is to be sent to SERB 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 attach additional sheets. Either the employer, the employee organization certified as the exclusive representative, or both parties jointly may file a Petition for Clarification of Bargaining Unit. Pursuant to Ohio Administrative Code Rule 4117-5-01 (E)(2), 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 certified as exclusive representative (include affiliation(s), 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):

- Board-Certified (Case No. _____) (or) 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. Clarification sought and basis:

9. Affected job classifications and Number of employees in each:

DECLARATION

I declare that I have read the contents of this Petition for Clarification of Bargaining Unit 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 CLARIFICATION OF BARGAINING UNIT 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 Clarification of Bargaining Unit 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 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, 12th Floor, Columbus, OH 43215-4213 or (614) 644-8573.

State Employment Relations Board

Instructions for completing the Petition for Clarification of Bargaining Unit Form

Box: Information Requested

Check the appropriate box indicating who is filing the petition.

- 1 **Name of Employer** – Fill in complete name, address, phone number of the Employer, including email address. 9
- 2 **Name of Employer's Representative** – Fill in complete name, address, and phone number of the person representing the Employer named in Box 1, including an email address.
- 3 **Name of Employee Organization certified as exclusive representative** – Fill in complete name, address, and phone number of the Employee Organization (and Parent Organization affiliation, if any) certified as the exclusive representative, including an email address.
- 4 **Name Employee Organization's Representative** – Fill in complete name, address, and phone number of the person representing the Employee Organization named in Box 3, including an email address.
- 5 **Certification Information** – Check whether the bargaining unit is Board-certified or Deemed-certified. If the Bargaining unit is Board-certified, give the number of the case where SERB certified the Employee Organization as the exclusive representative for that particular bargaining unit.
- 6 **Bargaining Unit as currently certified (or recognized for deemed-certified units)** – Provide the description of the bargaining unit as it currently exists. The description is the listing of all positions or classifications that are included in the bargaining unit and the positions and classifications that are excluded from the bargaining unit.
- 7 **Approximate number of employees in the existing unit** – Indicate how many employees are in the unit as it is currently described in Box 6.
- 8 **Clarification sought and basis** – Give a detailed explanation of what needs to be clarified (what is the

question you want SERB to answer) and the reason for the clarification (Why you want SERB to answer the question).

Affected job classifications and Number of employees in each – Give the name of the position(s) or the classification(s) that are affected or involved and indicate how many employees are in each position or classification.

Declaration – Requires the signature of the person representing the Employer (see Box 2) and/or the person representing the Employee Organization (see Box 4) that the information provided is true to the best of his/her knowledge and must include the date. If both, the Employer and the Employee Organization are filing this petition jointly, then the representatives for both must sign and date the form.

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 Clarification of Bargaining Unit can be emailed or mailed. It must contain an original signature. SERB's address is at the top left corner of the first page and on the bottom of the second page of the petition.

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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.
- ✓ Check whether the bargaining unit that you are seeking clarification is Board or Deemed-certified in Box 5.
- ✓ Give the accurate description of the bargaining unit as it is currently certified in Box 6.
- ✓ Give a detailed explanation of the issue you want clarified and the reason for the clarification in Box 8.
- ✓ List the position(s) or classification(s) affected and the number of employees in each position or clarification in Box 9.
- ✓ Sign, print name and date in the Declaration Box.
- ✓ Complete all the information in the Proof of Service Box and sign and print name on the last line.

Submit by email or mail.

REP@SERB.ohio.gov