



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 DECERTIFICATION ELECTION

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 current 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:

()

City, County, State, Zip:

Email:

2. Name of Petitioner's Representative (If other than petitioner):

Address:

Telephone:

()

City, State, Zip:

Email:

3. Name of Employer:

Address:

Telephone:

()

City, County, State, Zip:

Email:

4. Name of Incumbent Employee Organization:

Address:

Telephone:

()

City, State, Zip:

Email:

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 current 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 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 Decertification Election Form

Box: Information Requested

- 1 **Name of Petitioner** – Fill in complete name, address, and phone number of the Employee (Petitioner) requesting an election to decertify the current employee organization, including an email address.
- 2 **Name of Petitioner’s Representative** – Fill in complete name, address, and phone number of the person representing the Employee (Petitioner) 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 currently representing the employee(s), including an email address.
- 5 **Certification Information** – Provide the SERB case number where the Board certified the current Employee Organization as the exclusive representative.
- 6 **Bargaining Unit as currently certified** – Provide the description of the bargaining unit as it is currently certified. 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.
- 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 **Collective Bargaining Agreement** – Check the appropriate box indicating whether the Incumbent Employee Organization and the Employer are currently parties to a collective bargaining agreement that covers the bargaining unit represented by the Incumbent Employee Organization that the employee seeks to decertify. If you checked “yes”, 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 fifty percent (50%) of the employees in the current bargaining unit do not wish to be represented by the Incumbent Employee Organization for collective bargaining purposes and have authorized the Employee (Petitioner) to act on their behalf. [[O.A.C. 4117-5-01 \(D\)](#)]. 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 Decertification Election 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 fifty percent (50%) of employees in the current unit do not wish to be represented by the Incumbent Employee Organization. The substantial evidence must contain an original signature and the date. It 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.
- ✓ Provide the case number of the case where SERB certified the Incumbent Employee Organization as the exclusive representative.
- ✓ Give the accurate description of the bargaining unit as currently certified, included and excluded.
- ✓ Indicate whether the Incumbent Employee Organization and the Employer is currently a party to a collective bargaining agreement and if so, give 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 fifty percent (50%) of employees in the currently certified unit wish no to be represented by the Incumbent Employee Organization. The substantial evidence (showing of interest) must contain an original signature and the date.

Submit by mail or hand-delivery.