



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 STATE BOARD OF MEDIATION
 P.O. Box 2071 Jefferson City, MO 65102-2071

PETITION

DO NOT WRITE IN THIS SPACE	
CASE NO.	DATE FILED

INSTRUCTIONS: Submit the Petition to the State Board of Mediation. If more space is required for any one item, attach additional sheets, numbering items accordingly. (See additional instructions on following page.)

The Petitioner alleges that the following circumstances exist and requests that the State Board of Mediation proceed under its proper authority pursuant to Sections 105.525 and 105.575, RSMo 2018 and 8 CSR 40-1.010 through 40-2.180.

1. Type of Petition: <input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Intervenor				
2. Purpose of this Petition (Check One) <i>See instructions for definitions of the different petition types on reverse side.</i>				
<input type="checkbox"/> R – Certification of Representation				
<input type="checkbox"/> RD – Decertification				
<input type="checkbox"/> UC – Unit Clarification In unit previously certified in Case No. _____				
<input type="checkbox"/> AC – Amendment of Certification in unit previously certified by State Board of Mediation in Case No. _____				
<input type="checkbox"/> TR – Triennial Recertification				
3. Name of Employer (<i>Department and Division, if applicable</i>)			Employer Contact Person (<i>Name and Title</i>)	
Phone Number ()	Fax Number ()	Cell Number ()	Email Address	
4. Employer Address		City	County	State ZIP Code
5. Unit (<i>In UC petition, describe present bargaining unit and attach description of proposed clarification.</i>)				
INCLUDED:				
EXCLUDED:				
6a. Approximate Number of Employees in Unit _____				
6b. Is this petition supported by at least a 30 percent showing of interest? A petition for certification or decertification of a public employee representative shall be accompanied by original authorization cards signed by, no less than 30 percent of the employees in the unit alleged to be appropriate to be represented. Such showing of interest shall be dated no more than six months prior to filing the petition. <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Name of Certified Bargaining Agent			Affiliation	
Address (<i>City, State, and ZIP Code</i>)			Phone Number ()	
Date Certified	Existing Contract <input type="checkbox"/> Yes <input type="checkbox"/> No		Contract Expiration Date	
8. Other Organizations Claiming Recognition as Representative:			Affiliation	
Name				
Address			Phone Number ()	
City	State	ZIP Code	Date of Claim (<i>Required only if Petition is filed by employer</i>)	
9. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.				
Name of Petitioner and Affiliation, if any			Email Address	
Representative or Person Filing Petition – Please Print			Title, if any	
Address		City	State	ZIP Code
Phone Number ()	Fax Number ()	Cell Number ()		
By (<i>Signature of Representative or person filing petition</i>)				Date

INSTRUCTIONS FOR COMPLETING PETITION FORM

Item 1 -- **TYPE OF PETITION** *(Please check only one.)*

Original: New petition.

Amended: As used in this context, the original petition was returned to Petitioner for corrections; or Petitioner, of their own initiative, makes corrections or changes. Petition is re-submitted to the State Board of Mediation for processing.

Intervenor: Outside party is filing a petition for Intervention. **Petition for Intervention must be accompanied by a 30% showing of interest.**

Item 2 -- **PURPOSE OF THIS PETITION** *(Please check only one.)*

R - Certification for Representation: The petition may be filed by any public employee, group of public employees, any individual or employee organization. A substantial number of employees wish to be represented for purposes of bargaining by Petitioner, and Petitioner desires to be certified as the exclusive representative of the employees. **Petition form must be accompanied by at least a 30% showing of interest.**

RD - Decertification: The petition may be filed by any employee, group of employees, or any individual acting on their behalf. A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **Petition form must be accompanied by 30% showing of interest.** If this box is checked, complete Items 7 and 8, if applicable.

UC - Unit Clarification: The petition may be filed by the certified representative, the recognized representative, the public employer, or both the employer and the representative. Petitioner(s) seeks clarification of placement of certain job classifications. If Petitioner is seeking a Unit Clarification of a previously certified bargaining unit, please check the box and reference the case number.

AC - Amendment of Certification: The certified representative or the public employer may file a petition for Amendment of Certification. Petitioner seeks an amendment to reflect changed circumstances (such as merger or affiliation) in a unit covered by a Certification and where no question concerning representation exists. Please reference the case number from the original Certification.

TR - Triennial Recertification: Three year recertification as required by Section 105.575.

Item 3 -- **NAME OF EMPLOYER**

Give complete name of public employer (Department and Division, if applicable), the contact person for the employer and their title, telephone, fax, and cell number including area code, and e-mail address.

Item 4 -- **ADDRESS OF EMPLOYER**

Give complete address of public employer.

Item 5 -- **UNIT**

Representation Petition (R): Describe the unit in detail as to the proposed job classifications to be included and excluded in the proposed bargaining unit.

Representation: Employer Petition (RM): Describe the unit for an Employer petition using the language from the original Certification or the most recent Unit Clarification.

Decertification Petition (RD): Describe the unit for a Decertification petition by using the language from the Certification or the most recent Unit Clarification.

Unit Clarification Petition (UC): Use the language from the original Certification or the most recent Unit Clarification, and attach a description of the proposed clarification.

Item 6a and b -- **APPROXIMATE NUMBER OF EMPLOYEES IN UNIT AND SHOWING OF INTEREST**

6a: The Petitioner should indicate the approximate number of employees in the unit claimed to be appropriate.

7b: The Petitioner filing a R or RD petition, should indicate that their petition is supported by at least a 30% showing of interest and that they are included with the petition.

Item 7 -- **NAME, ADDRESS, AND TELEPHONE NUMBER OF RECOGNIZED OR CERTIFIED BARGAINING AGENT**

Complete this section if information is different from Item 9.

Item 8 -- **OTHER ORGANIZATIONS CLAIMING RECOGNITION AS REPRESENTATIVE**

Complete this section if there are other organizations, other than Petitioner and those named in Item 7, which are known to have a representative interest in any employee in the unit described in Item 5. If none, so state.

Item 9 -- **DECLARATION**

Give complete information regarding the name of Petitioner and affiliation; print the name of the representative or person filing the petition; their title, complete address, telephone number, fax number, cell number, e-mail address, signature of person filing petition and date completed. Mail the original petition and authorization cards to the State Board of Mediation, P.O. Box 2071, Jefferson City, MO 65102-2071.

ELECTION FEES

For units from 1 to 100 members	\$ 200
For units from 101 - 250 members	\$ 300
For units from 251 - 500 members	\$ 500
For units from 501 - 1000 members	\$ 750
For units from 1,001 - 3000 members ...	\$1,500
For units more than 3,000 members	\$2,000

Payment as required by Section 105.575 RSMo must be paid at the time of filing of the petition.

Petition will not be processed without proper payment.

If you are unsure as to the amount, contact the State Board of Mediation.

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711