



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

FOR BOARD USE ONLY

CASE NO. _____

DATE FILED _____

BOARD OF PERSONNEL APPEALS

PETITION TO INTERVENE

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit this petition and authorization cards to: BOARD OF PERSONNEL APPEALS, PO BOX 8011, HELENA, MT, 59604-8011. If more space is required for any item, attach additional sheets, numbering items accordingly. *****ARM 24.26.603 also requires that a copy of the labor organization's bylaws be on file with the Board. If not previously filed, a current copy of bylaws must accompany the petition.*****

1. **NAME OF INTERVENOR** _____ **AFFILIATION** (Parent/National Organization, if any) _____

2. **MAILING ADDRESS OF INTERVENOR:** _____ **TELEPHONE:** _____ **EMAIL ADDRESS** _____

3. **NAME OF PETITIONER:** _____ **AFFILIATION** (Parent/National Organization, if any) _____

4. **MAILING ADDRESS OF PETITIONER:** _____ **TELEPHONE:** _____ **EMAIL ADDRESS** _____

5. **NAME OF PUBLIC EMPLOYER:** _____

6. **MAILING ADDRESS OF PUBLIC EMPLOYER:** _____ **TELEPHONE:** _____

7. The purpose of this petition is to intervene in (check only the appropriate box(es):
A. Unit Determination Proceedings B. Decertification Proceedings

8. Description of the unit in question, specifying inclusions and exclusions. (Be complete and specific and use correct job titles)
Inclusions: _____

Exclusions: _____

8a. Approximate number of employees in proposed unit: _____

8b. Is the petition accompanied by 10 percent proof-of-interest? Yes _____ No _____

9. Identify all labor organization(s) known to the Intervenor who claim to represent the employees involved. (If 7b is checked above, include a statement alleging that the labor organization that has been certified, or is currently being recognized by the employer as bargaining representative no longer represents the interests of the majority of the employees in the unit.)

10. Give the expiration dates and a brief description of existing (or previous) contracts covering any of the employees in question:

11. Briefly state any known disagreement amongst the employer, petitioner, or intervener as to the nature and scope of the proposed unit. (If NONE, write NONE)

12. Any other relevant facts:

Date: _____ By: _____
Title: _____