



PETITION FOR UNIT DETERMINATION & ELECTION

Labor Standards Bureau-Board of Personnel Appeals

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IMPORTANT: ARM 24.26.603 requires a copy of the labor organization's bylaws be filed with the Board. If not previously filed, a current copy of bylaws must accompany the petition.

INSTRUCTIONS:
Fill out entire form.

Submit this petition and the authorization cards to the Board of Personnel Appeals.

If more space is required for any item, attach additional sheets, numbering items accordingly.

1. NAME OF PETITIONER: AFFILIATION (parent/national organization, if any):

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MAILING ADDRESS: (STREET NUMBER, STREET NAME, PO BOX)	TELEPHONE NUMBER:
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CITY, STATE, ZIP CODE:	CELL PHONE NUMBER:
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CONTACT PERSON FOR PETITIONER:	EMAIL ADDRESS:
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2. NAME OF PUBLIC EMPLOYER

	CONTACT NAME:
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BUSINESS ADDRESS: (STREET NUMBER, STREET NAME, PO BOX)	EMAIL:
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CITY, STATE, ZIP CODE	PHONE NUMBERS: (BUSINESS/CELL)
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3. Description of the unit. Specify inclusions and exclusions.
(Be specific and use correct job titles whenever possible.)

INCLUDED:	
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EXCLUDED:	
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4. Approximate number of employees in the proposed unit:

5. Is the petition accompanied by proof-of-interest? Yes No

6. Name, Address and Affiliation of any labor organizations who claim to represent the employees in the proposed unit.
(If None, write NONE)

7. Expiration dates and brief description of any contracts covering any employees in the proposed unit.

8. Briefly state any known disagreement between the employer and the petitioner as to the nature and scope of the proposed unit. (If none, write none)

9. Any other relevant facts.

DATE:	PRINTED PETITIONER	PETITIONER'S SIGNATURE