

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD
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File an original and four (4) copies of this charge with the Director of Employment Practices and Representation, Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering each item accordingly.

DO NOT WRITE IN THIS SPACE

Case No.:

Date Received:

**PETITION BY EMPLOYER FOR INVESTIGATION PURSUANT TO
SECTION 705 OF THE NEW YORK STATE EMPLOYMENT RELATIONS ACT**

1. Name of petitioning employer

2. General nature of business

3. Types, classifications or groups of employees which the petitioner claims constitutes the appropriate bargaining unit

4. Number of employees within such unit or units

5. Approximate total number of employees

6. Address at which employees in such unit or units are employed

7. Name and addresses of any known individuals or labor organizations who claim to represent any of the employees in such bargaining unit(s)

8. Any other facts which petitioner considers relevant

9. The undersigned hereby alleges that a question or controversy has arisen concerning the representation of the employees in the above unit(s), in that (use additional sheet(s) if necessary):

10. Approximate percentage and volume of sales to, and sales to, and purchases from, points outside New York State.

11. Any other facts concerning interstate commerce.

The undersigned requests that the New York State Public Employment Relations Board investigate such question or controversy.

STATE OF NEW YORK
CITY OF
COUNTY OF

} ss.:

Name of petitioner. (If a corporation, the name and Official position of the person signing this petition.)

..... Being duly sworn, deposes and says that he/she is of the petitioner herein; that the same is true to his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters he/she believes to be true.

.....
.....
(Signature and Title)

.....
(Signature of Petitioner's Representative)

Address
.....
Include Zip Code

Sworn to before me this day of 20

Telephone:
Email:
Fax No:

.....
ICRR (5-17)