**STATE OF NEW YORK**
**PUBLIC EMPLOYMENT RELATIONS BOARD**
**WWW.PERB.NY.GOV**

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| File an original and three (3) 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**<br><br>**Case No.:**<br><br>**Date Received:** |

## PETITION FOR INVESTIGATION AND CERTIFICATION OF REPRESENTATIVES PURSUANT TO SECTION 705 OF THE NEW YORK STATE EMPLOYMENT RELATIONS ACT

| | |
|---|---|
| 1.Name of Employer | Telephone |

2. Address of Employer (including Zip Code)

3. General nature of business

4.The types, classifications, or groups of employees which the petitioner claims constitutes the appropriate bargaining unit(s)

| | |
|---|---|
| 5. Number of employees within such unit(s) | 6. Approximate total number of employees |

7. Address of which employees in such unit(s) are employed

8. Names and addresses of any other known individuals or labor organizations who claim or may claim to represent any of the employees in such bargaining unit(s)

9. Does the petitioner request certification as the collective bargaining representative of the employees within the bargaining unit(s) claimed to be appropriate?

10. The undersigned hereby alleges that a question or controversy has arisen concerning the representation of the employees in the above bargaining unit(s) in that:

The undersigned requests that the New York State Public Employment Relations Board investigate such controversy and certify to the parties the name or names of the representatives designated or selected by said employees.

STATE OF NEW YORK
CITY OF } **ss.:**
COUNTY OF

..... 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 of Petitioner's Representative)

Sworn to before me this day of 20

.....

Name of employees or representatives filing this petition. (If a labor organization, give the name and official position of person acting for the organization.)

.....

**By**.....
(Signature and Title of Petitioner's Representative)

Address .....

.....
(Include Post Office Zone Number)

Telephone: .....

Email: .....

Fax No: .....

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