PETITION FOR CLARIFICATION OR AMENDMENT OF APPROPRIATE UNIT

A question concerning the description or composition of the appropriate unit has arisen between the parties listed herein. The undersigned petitioner(s) request that the Bureau of Mediation Services investigate the above referenced matter(s) and resolve such in accordance with applicable state law (M.S. 179 and 179A).

Name of Union: ___________________________________ Phone: ( ) __________________

Address: _______________________________________

Name of Representative: ___________________________ Phone: ( ) __________________

Address: _______________________________________

Name of Employer: ___________________________________ Phone: ( ) __________________

Address: _______________________________________

Name of Representative: ___________________________ Phone: ( ) __________________

Address: _______________________________________

Names, addresses, and phone numbers of all other employee organizations having an interest in or claiming to represent any of the employees affected by this petition: __________________________________________________________

Nature of Employing Enterprise:

□ County
□ Municipality
□ School District
□ Special Board/Comm.
□ State of Minnesota
□ U of M
□ Other public

□ Hospital
□ Nursing Home
□ Manufacturing
□ Transportation
□ Auto Repair
□ Other Private sector business

□ Retail Food/Groceries
□ Meat Processing
□ Dairy Industry
□ Hotel, Bar, Restaurant
□ Construction

Is there a labor agreement presently in effect covering any of the employees affected by this request?

□ Yes □ No  (Expiration Date, if “yes” : ____________________________)

Number of employees covered by this request: ____________________________

Description of EXISTING Unit:

________________________________________________________

________________________________________________________

Define Clarification or Amendment requested: __________________________________________________________

________________________________________________________

________________________________________________________

Signature: X ____________________________  Signature: X ____________________________

Name (Print or type): ____________________________  Name (Print or type): ____________________________

Title: ____________________________  Title: ____________________________

Date: ____________________________  Date: ____________________________

BMS FORM ME-00055-02 (11/90)