

BMS Case No. \_\_\_\_\_

File No. \_\_\_\_\_

**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 \_\_\_\_\_

Name (Print or type) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: X \_\_\_\_\_

Name (Print or type) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_