

BMS Case No. _____

File No. _____

PETITION FOR DETERMINATION OF APPROPRIATE UNIT AND CERTIFICATION OF EXCLUSIVE REPRESENTATIVE

The undersigned petitioner requests that the Bureau of Mediation Services investigate the above referenced matter and resolve such in accordance with applicable state law (M.S. Chapter 179 and 179A).

Name of Union/Petitioner: _____ 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:

- | | | |
|--|--|---|
| <input type="checkbox"/> County | <input type="checkbox"/> Hospital | <input type="checkbox"/> Retail Food/Groceries |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> School District | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Dairy Industry |
| <input type="checkbox"/> Special Board/Comm. | <input type="checkbox"/> Transportation | <input type="checkbox"/> Hotel, Bar, Restaurant |
| <input type="checkbox"/> State of Minnesota | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Construction |
| <input type="checkbox"/> U of M | <input type="checkbox"/> Other Private sector business | |
| <input type="checkbox"/> Other Public | | |

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 Proposed Unit: _____

THE PETITIONER IS REQUIRED TO SUBMIT AUTHORIZATION CARDS SUBSTANTIATING AT LEAST A 30% SHOWING OF INTEREST IN SUPPORT OF THIS PETITION. A COPY OF THE CURRENT CONSTITUTION AND BY-LAWS (UNLESS PREVIOUSLY SUBMITTED) MUST ACCOMPANY THIS PETITION.

The undersigned affirms that at least 30% of the employees in the proposed unit(s) wish to be represented by the petitioner.

Signature: X _____

Name: (Print or type) _____

Title: _____

Date: _____