



STATE OF HAWAII  
HAWAII LABOR RELATIONS BOARD

**HLRB-5 PETITION FOR REVIEW OF REFUNDS**

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

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INSTRUCTIONS: File the original and five copies of this Petition, by U.S. Mail or in person, with the Hawaii Labor Relations Board, Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.

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1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed under its authority pursuant to Hawaii Revised Statutes Sections 89-4 and its Administrative Rules, to review the amount to be refunded to a nonmember employee by an exclusive representative.
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2. PETITIONER

- (a) Name, address and telephone number:
  
  
  
  
  
  
  
  
  
  
- (b) Name, address, and telephone number of the principal representative, if any, to whom correspondence is to be directed:
  
  
  
  
  
  
  
  
  
  
- (c) Indicate the bargaining unit involved:

3. EXCLUSIVE REPRESENTATIVE OF UNIT

(a) Name, address and telephone number:

4. PUBLIC EMPLOYER

(a) Name, address and telephone number:

5. Specify the amount deducted from the payroll of the nonmember employee which is equivalent to regular dues:

6. Specify the amount to be refunded by the exclusive representative:

7. Indicate the date which notice of refund was received:

8. Provide a complete statement of the reasons for objections to the amount of refund and any underlying facts:

STATE OF HAWAII )  
 ) ss.  
 CITY AND COUNTY OF )

\_\_\_\_\_, being first duly sworn on oath, deposes and says:  
 that \_\_\_\_\_ is the Petitioner above named, or \_\_\_\_\_ representative, and that  
 \_\_\_\_\_ has read the above Petition consisting of this and \_\_\_\_\_ additional page(s),  
 and is familiar with the facts alleged therein, which facts \_\_\_\_\_ knows to be true, except as  
 to those matters alleged on information and belief, which matters \_\_\_\_\_ believes to be true.

\_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Title)

Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public, \_\_\_\_\_ Circuit  
 State of Hawaii

My Commission expires: \_\_\_\_\_

Doc. Date: _____	# Pages _____
Notary Name: _____ Circuit	
Doc. Description: _____	
_____	
_____ (Stamp or Seal)	
Notary Signature	Date