

STATE OF HAWAII  
HAWAII LABOR RELATIONS BOARD

**PETITION RELATING TO FINANCIAL REPORT OF EMPLOYEE ORGANIZATION**

CASE NO. \_\_\_\_\_

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INSTRUCTIONS. Submit the original and five copies of this Petition, with proof of service on all parties attached, to the Hawaii Labor Relations Board, 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 proper authority pursuant to Hawaii Revised Statutes Section 89-15, and its Administrative Rules, and direct the employee organization herein named to make available to its members a detailed written financial report, certified as to accuracy by a certified public accountant.

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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.

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3. RESPONDENT

Name, address and telephone number of employee organization against which petition is filed.

4. ALLEGATIONS

Provide a statement that the employee organization has failed to make available to its members a detailed written financial report, in the form of a balance sheet and an operating statement, and certified as to accuracy by a certified public accountant within sixty days after the end of the employee organization's fiscal year.

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5. Indicate the appropriate bargaining unit(s) of employee(s) involved.

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6. Provide a clear and concise statement of any other relevant 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: _____	
_____	
_____ Notary Signature	_____ Date (Stamp or Seal)