

STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD

**PETITION FOR DETERMINATION OF COLLECTIVE BARGAINING
UNIT AND ELECTION OF COLLECTIVE BARGAINING REPRESENTATIVE**

CASE NO. _____

INSTRUCTIONS. Submit the original and four copies of this Petition 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.

1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to Hawaii Revised Statutes Section 377-5 and its Administrative Rules, to determine the exclusive bargaining representative for the affected employees by conducting an election among the employees of the appropriate bargaining unit and certifying the result of such election to the parties.

2. PETITIONER

a. Name, address and telephone number.

b. Affiliation, if any.

c. Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

3. EMPLOYER

- 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 approximate number of employees employed by the employer involved.

- d. Indicate the general nature of the business of the employer.

4. a. Describe the claimed appropriate bargaining unit, specifying inclusions and exclusions.

Included:

Excluded:

b. Indicate the approximate number of employees in the appropriate bargaining unit.

5. Provide the name and address of any known persons or employee organizations other than Petitioner who claim to represent any of the employees in the claimed appropriate bargaining unit.

NAME

ADDRESS

AFFILIATION

6. Is this Petition supported by 30 percent or more of the employees in the unit?

_____ Yes

_____ No

7. Is the above-named employer(s) a party (parties) to a contract setting forth the terms and conditions of employment for the affected employees?

_____ Yes

_____ No

If so, please provide:

a. Name of the other party or parties to the collective bargaining agreement.

b. Expiration date of the collective bargaining agreement.

c. The bargaining unit covered by the collective bargaining agreement.

8. 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: _____	
_____ (Stamp or Seal)	
Notary Signature	Date