



STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD

**HLRB-2 PETITION FOR CLARIFICATION OR
AMENDMENT OF APPROPRIATE BARGAINING UNIT**

Case No. _____

INSTRUCTIONS: File the original and five copies, 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.

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 Section 89-6, and its Administrative Rules, to clarify or amend the appropriate bargaining unit or optional appropriate bargaining unit herein named.
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2. PETITIONER (Exclusive Representative or Public Employer)
 - (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. EXCLUSIVE REPRESENTATIVE OR PUBLIC 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:

4. Describe the appropriate bargaining unit:

5. Indicate the proposed clarification or amendment:

6. Provide a statement setting forth reasons why clarification or amendment is requested:

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