



STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD

HLRB-3 PETITION FOR DECERTIFICATION

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 a majority of the employees in the bargaining unit, herein named, asserts that the exclusive representative, herein named, is not their representative for purposes of collective bargaining, and requests that the Hawaii Labor Relations Board proceed pursuant to Hawaii Revised Statutes Section 89-7, and its Administrative Rules, to determine the majority status of said exclusive representative by conducting an election among the employees of said bargaining unit and certifying the result of such election to the parties.
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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. EXCLUSIVE REPRESENTATIVE OF UNIT

- (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:

4. PUBLIC EMPLOYER OR EMPLOYERS OF UNIT

- (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:

5. BARGAINING UNIT

- (a) Describe the claimed appropriate bargaining unit, specifying inclusions and exclusions:

- (b) Indicate the approximate number of employees in the appropriate bargaining unit:

6. Is this Petition supported by 50 percent or more of the employees in the unit?

_____ Yes _____ No

7. Is the above-named public 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