

**PETITION FOR UNIT DETERMINATION,  
BARGAINING AGENT ELECTION OR DECERTIFICATION**

(File original and 1 copy with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

Purpose of Petition (check all applicable boxes)

Unit Determination (UD)

Decertification Election

Bargaining Agent Election

Decertification/Bargaining Agent Election

Petitioner

Petitioner's Representative for correspondence  
(if different)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Public Employer

Incumbent Collective Bargaining Agent

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

1. Describe the existing or proposed collective bargaining unit; estimate the total number of employees in the unit; set forth the classifications of employees comprising the unit; and estimate the number of employees in each classification. If a position in an included classification is to be excluded from the unit, list each such specific position and set forth the basis for its exclusion. Continue on separate sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide the name, address and telephone number of any other employees or employee organizations other than the petitioner claiming to represent any of the employees in the existing or proposed bargaining unit.

\_\_\_\_\_  
\_\_\_\_\_

3. State the expiration date of any collective bargaining agreement covering employees in the existing or proposed bargaining unit and attach a copy. \_\_\_\_\_

4. State what action or remedy the petitioner is seeking from the Board.

\_\_\_\_\_  
\_\_\_\_\_

5. If election is requested, name the prospective bargaining agent as it will appear on the ballot. \_\_\_\_\_

\_\_\_\_\_

6. Check off all boxes that apply:

**G** For a UD Petition, parties are unable to agree on an appropriate unit.

**G** For a UD or Bargaining Agent Election Petition submitted by employer, one or more employees or employee organizations have presented to the employer a claim to be recognized as the representative of employees in the bargaining unit.

**G** For a UD, Bargaining Agent Election, or Decertification Petition submitted by an employee or employee organization, this petition is accompanied by showing of interest forms from 30% of the employees in the proposed or existing bargaining unit. The showing of interest must consist of original separate documents, individually signed and dated, containing the typed or printed name of the person signing, and a statement that the person does (or does not, if decertification is sought) desire to be represented by the bargaining agent for the purposes of collective bargaining. A petition of an intervenor need only be accompanied by a 10% showing. *The showing of interest should be submitted only to the Maine Labor Relations Board.*

7. State any other facts relevant to this Petition. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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STATE OF MAINE

\_\_\_\_\_, ss.  
(County)

\_\_\_\_\_, 20\_\_

Personally appeared before me, the undersigned authority at law, the aforementioned petitioner \_\_\_\_\_  
(name)

in his/her capacity as \_\_\_\_\_, who, under the penalty of perjury, made oath

that the foregoing Petition is true and correct to the best of his/her information and belief.

\_\_\_\_\_  
Notary Public