



Maine Labor Relations Board
PETITION FOR UNIT CLARIFICATION OR MERGER

MLRB Form 2B

Purpose of Petition (check all applicable boxes)

- Unit Merger
Unit Clarification (UC)

Petitioner (incumbent bargaining agent or employer, only)

Name
Address
Phone
E-Mail (if available)

Petitioner's Representative for correspondence (if different)

Name
Address
Phone
E-Mail (if available)

Responding Party

Name
Address
Phone
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 what action or remedy the petitioner is seeking from the Board.

4. (Check off for UC petition only) The parties are unable to agree on appropriate modifications, there is no question concerning representation, and the circumstances surrounding the formation for the existing bargaining unit have changed sufficiently to warrant modification in the composition of the bargaining unit. State what changes have occurred since the formation of the bargaining unit, the date(s) of their occurrence and the modification(s) that the petitioner proposes. Continue on separate sheet if needed.

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

6. State any other facts relevant to this Petition.

CERTIFICATION: I certify that all of the above information is true and correct to the best of my knowledge and belief. I understand that the law imposes penalties for false statements provided on this form.

Signature _____

Date _____

Name _____

Title _____

Pursuant to Maine Labor Relations Board Rules, Chapter 10, §7, this form must be filed electronically by sending it as an attachment in an email sent to mlrb@maine.gov. If you are unable to file electronically, you must include a signed Request For Exception To Electronic Filing Requirement (MLRB Form 8).