

**STATE OF FLORIDA
PUBLIC EMPLOYEES RELATIONS COMMISSION
4050 Esplanade Way
Tallahassee, Florida 32399-0950
(850) 488-8641**

CASE NUMBER

UC-

DATE FILED

UNIT CLARIFICATION OR MODIFICATION PETITION

INSTRUCTIONS:

Submit an original and one (1) copy of this petition and any supporting documents to the Public Employees Relations Commission and to other parties. If more space is required for any item, attach additional sheets. Attach additional sheets with a clear and concise statement of any other relevant facts not requested on this form.

The Petitioner requests that the Public Employees Relations Commission clarify or modify the bargaining unit to include or exclude certain employees.

1. NAME OF PETITIONER: _____

2. NAME OF CERTIFIED UNION: _____
 Address: _____

Zip Code

3. UNION REPRESENTATIVE: _____
 Title: _____
 Phone No. _____ Facsimile(Fax) No. _____
 Address: _____

Zip Code

4. PERC REGISTRATION NUMBER OF UNION: **OR-** _____
 Expiration of current registration: _____

5. NAME OF EMPLOYER: _____
 Address: _____

Zip Code

6. EMPLOYER REPRESENTATIVE: _____
 Title: _____
 Phone No. _____ Facsimile(Fax) No. _____
 Address: _____

Zip Code

7. Job classifications and number of employees included in each classification which Petitioner seeks to have included in, or excluded from, the bargaining unit. (If lengthy, attach separate sheet.)

INCLUDED:

EXCLUDED:

8. Is this petition accompanied by a copy of past and current job descriptions, if any, or a brief description of the duties performed by each employee classification? _____ YES _____ NO

9. The Commission certification number and unit description contained therein. (If lengthy, attach separate sheet.)

CERTIFICATION NUMBER _____ DATE(S) OF AMENDMENTS _____

INCLUDED:

EXCLUDED:

10. Name of any union, other than the petitioning union, which is currently certified to represent any employee classification sought to be included.

NAME: _____

Union Representative _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

Zip Code

11. Is there a collective bargaining agreement covering this bargaining unit? _____ YES _____ NO
IF YES, date of expiration _____, _____. Attach agreement to petition.

12. Is this petition accompanied by a statement of the facts which support the requested change? _____ YES _____ NO

13. List the position(s), if any, for which managerial/confidential designation is sought, and the names of employees(s) currently filling these positions.

**I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.
A copy of this fully executed form has been mailed or given to the other parties.**

PRINT NAME AND TITLE OF PETITIONER'S REPRESENTATIVE: _____

Date of Execution of Petition

Signature of Petitioner's Representative

**FALSE STATEMENTS MAY RESULT IN FINE AND IMPRISONMENT
PURSUANT TO CHAPTER 837, FLORIDA STATUTES**