



State of Ohio  
 State Employment Relations Board  
 65 East State Street, 12<sup>th</sup> Floor  
 Columbus, Ohio 43215-4213  
 (614) 644-8573  
 (614)466-3074 Fax

<http://www.serb.state.oh.us/2000%20forms/MED/NTON.PDF>

Case No.
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<b>NOTICE OF INTENT TO STRIKE OR STRIKE AND PICKET</b>
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**INSTRUCTIONS:** This document is to be sent to SERB and the other party electronically in read only format. A party lacking the capability for electronic service may file a motion for relief from electronic filing requirements pursuant to OAC 4117-1-02(F). See ORC 4117.14(D)(2) and 4117.11(B)(8), OAC 4117-13-01, and related SERB unauthorized strike determinations.

<b>1. (Check Intention)</b> <b>Notice of Intent to Strike Only</b>  <input type="checkbox"/>	<b>Notice of Intent to Strike and Picket</b>  <input type="checkbox"/>
<b>2. Date and Time when Intended Strike will commence:</b>	<b>3. Date and Time when Intended Picketing will commence:</b>
<b>4. Name of Employer where Strike or Picketing is to occur:</b>	
Address: <span style="float: right;">Telephone: ( )</span>	
City, County, State, Zip: <span style="float: right;">Email :</span>	
<b>5. Name of Employer's Representative:</b>	
Address: <span style="float: right;">Telephone: ( )</span>	
City, State, Zip: <span style="float: right;">Email :</span>	
<b>6. Name of Employee Organization recognized as Exclusive Representative of Employees who Intend to Strike or Strike and Picket:</b>	
Address: <span style="float: right;">Telephone: ( )</span>	
City, State, Zip: <span style="float: right;">Email :</span>	
<b>7. Name of Employee Organization's Representative:</b>	
Address: <span style="float: right;">Telephone: ( )</span>	
City, State, Zip: <span style="float: right;">Email:</span>	
<b>8. Bargaining Unit:</b> <i>(Please attach)</i>  <input type="checkbox"/> State Employment Relations Board Certification (Current) – for Board-Certified units (or)  <input type="checkbox"/> Copy of collective bargaining agreement recognition clause – for Deemed-Certified units	<b>9. Approximate Number of Employees in Unit:</b>

**10. Collective Bargaining Agreement:** Are the employee organization and the employer currently parties to a collective bargaining agreement? \_\_\_ Yes \_\_\_ No

If yes, state expiration date: (1) of agreement \_\_\_\_\_ (2) of extension \_\_\_\_\_ (if any)

Are there any negotiations for a REOPENER of the collective bargaining agreement? \_\_\_ Yes \_\_\_ No

If yes, designate: (1) date on which negotiation period ends: \_\_\_\_\_

(2) section of re-opener provision: \_\_\_\_\_ (attach copy of provision)

**11. Description of efforts made to resolve the dispute, including Statutory or Alternative Dispute Settlement Procedures:** \_\_\_\_\_

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

**DECLARATION**

I declare that I have read the contents of this Notice and that the statements it contains are true and correct to the best of my knowledge and belief.

Signature of Person Attesting to Content of Form

Date

Print or Type Name

**THIS NOTICE WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE EMPLOYEE ORGANIZATION.**

**PROOF OF ELECTRONIC SERVICE**

I certify that an exact copy of the foregoing Notice of Intent to Strike or Strike and Picket has been sent electronically to:

this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Signature of Person Attesting to Service of Form

Print or Type Name