



State of Ohio
 State Employment Relations Board
 65 East State Street, 12th Floor
 Columbus, Ohio 43215-4213
 (614) 644-8573

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

Case No.

PETITION FOR REPRESENTATION ELECTION – EMPLOYER

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). If more space is required attach additional sheets. The employer has received a Request for Recognition and requests that the State Employment Relations Board proceed under its proper authority pursuant to Ohio Revised Code Section 4117.07 to conduct an election among the employees in the proposed bargaining unit.

1. Name of Employer petitioning for election:	
Address:	Telephone: ()
City, County, State, Zip:	Email:
2. Name of Employer's Representative:	
Address:	Telephone: ()
City, State, Zip:	Email:
3. Name of Employee Organization requesting recognition:	
Address:	Telephone: ()
City, State, Zip:	Email:
4. Name of Employee Organization's Representative:	
Address:	Telephone: ()
City, State, Zip:	Email:
5. Description of Proposed Bargaining Unit:	
Included (<i>specify by title or type</i>):	
Excluded:	
6. Approximate number of Employees in the Unit:	

7. Objections: *(Specify the reason(s) why the employer is filing this Petition for Representation Election)*

DECLARATION

I declare that I have read the contents of this Petition for Representation Election – Employer 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 PETITION FOR REPRESENTATION ELECTION – EMPLOYER WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE EMPLOYER.

PROOF OF ELECTRONIC SERVICE

I certify that an exact copy of the foregoing Petition for Representation Election – Employer has been sent electronically to:

(Name, complete address and email address of other party(ies) to action)

this _____ (day) of _____ (month), _____ (year).

Signature of Person Attesting to Service of Form

Print or Type Name