



**STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD**

DO NOT WRITE IN THIS SPACE
Case No. _____
EE- _____

IN THE MATTER OF

EMPLOYER
-AND-

INCUMBENT EMPLOYEE ORGANIZATION
-AND-

NATIONAL ORGANIZATION

AMENDED

**PETITION FOR AFFILIATION/MERGER OF
BARGAINING REPRESENTATIVES
PURSUANT TO SECTION 1.18 OF THE
RI STATE LABOR RELATIONS BOARD'S
RULES AND REGULATIONS**

FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED

1. Name of Employer: _____
 Address: _____
 Representative: _____ Telephone Number: _____ Email: _____

2. Certified Bargaining Agent (Incumbent Employee Organization):
 Name: _____
 Address: _____
 Representative: _____ Telephone Number: _____ Email: _____
 Certification Case Number: _____ Date Certified: _____
 Current Certification of Representatives: Attached
 Expiration Date of most recent Collective Bargaining Agreement: _____
Month/Day/Year

3. Certified Bargaining Agent (National Organization):
 Name: _____
 Address: _____
 Representative: _____ Telephone Number: _____ Email: _____

4. Number of employees in existing unit: _____

5. A. Is a copy of the notice for the meeting of the bargaining unit employees at which a discussion and vote on the affiliation/merger with the National Organization took place attached?
 YES NO If no, why?

B. Is a certified copy of the minutes of the meeting at which the vote to affiliate/merge took place attached?
 YES NO If no, why?

6. Is the original Affidavit, signed by the duly authorized representative of the independent association/ organization, which indicates that fifty-one percent (51%) or more of the total bargaining unit has voted to affiliate/merge, attached?
 YES NO If no, why?

7. List other employee organizations known to claim to represent the employees affected by the Petition.
 Name(s): _____
 Address(es): _____

The undersigned requests, pursuant to §1.9 of the RI State Labor Relations Board's Rules and Regulations, that the Rhode Island State Labor Relations Board investigates and amends the Certification to reflect a merger of the Independent Employee Association/Organization with the below-named National Organization.

PETITIONER'S SIGNATURE: _____
 Name: _____
 Address: _____
 Business Telephone: _____
 Facsimile: _____

DATE: _____
 Title: _____
 Cellular No.: _____
 Email: _____