



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|------------|
| Case No. | Date Filed |
| EE- | |

IN THE MATTER OF

EMPLOYER

-AND-

LABOR ORGANIZATION

AMENDED

**PETITION FOR UNIT CLARIFICATION
AND/OR ACCRETION/EXCLUSION
PURSUANT TO R.I.G.L. 28-7-9 (b) (3)
RI STATE LABOR RELATIONS ACT**

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

- Petition filed by (Check one): Employee Organization Employer
- Type of Petition (Check one): Clarification Accretion Exclusion
- Name of Employer: _____
Address: _____
Representative: _____ Telephone Number: _____ Email: _____
- Certified Bargaining Agent (Employee Organization):
Name: _____ Address: _____
Certification Case No: **EE-** _____ Date Certified: _____ Certification of Representatives: Attached
Unit Clarification Disposition Record: Attached Non-Applicable
Expiration Date of most recent Collective Bargaining Agreement: _____
- Number of employees in existing unit: _____
Number of employees to be accreted into/excluded from existing unit: _____
Total number of employees in proposed unit: _____

(If seeking to accrete positions totaling more than 20% of the existing bargaining unit, then cards of interest for more than 50% of the employees holding the positions that the petitioner seeks to accrete must accompany the petition)

- Title(s) of each disputed position: **(Attach position description, if available)**

Name(s) of Individual(s) holding said title(s): **(Board will not clarify vacant positions)**

Length of time Incumbent(s) has held position(s):

Date(s) each position was created:

(Note: In order to proceed with a Petition for Unit Clarification/Accretion, the incumbent(s) must be employed in the position full-time, for thirty (30) days, prior to the filing of the Petition). (Attach additional sheets if necessary)

- List the representatives of any other Employee Organization(s) known to claim to represent any employee affected by the petition. **(Attach additional sheets if necessary)**
Name(s): _____ Address(es): _____
- If the position has been in existence prior to the negotiations for the most recent contract, did the parties discuss unit placement of the position during negotiations? If discussed, what was the result of the discussion?
- If there have been changes in the job duties of the disputed position since it was created, please explain:
- Petitioner's reason(s) for petitioning to clarify, accrete, or exclude the disputed position:

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

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