



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

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

IN THE MATTER OF

-AND- EMPLOYER

**INCUMBENT
EMPLOYEE ORGANIZATION**

-AND-

NATIONAL ORGANIZATION

**PETITION FOR AFFILIATION/MERGER OF
BARGAINING REPRESENTATIVES
PURSUANT TO SECTION 8.07 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 (if known): _____ Telephone Number: _____

2. Certified Bargaining Agent (Incumbent Employee Organization):
Name:
Address:
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:
Telephone Number: _____ Facsimile: _____ 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 Section 8.07 of the RI State Labor Relations Board's Rules and Regulations, that the RI 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 _____ **DATE:** _____
SIGNATURE

Name: _____ Title: _____
Address: _____
Telephone: _____ Cellular No. _____
Facsimile: _____ Email: _____