STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

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

IN THE MATTER OF

EMPLOYER

-AND-

INCUMBENT EMPLOYEE ORGANIZATION

-AND-

NATIONAL ORGANIZATION

☐ **AMENDED**

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: _____