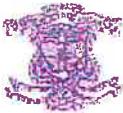


INFORMAL HEARING

**Thursday, September 10, 2015
2:30 p.m.
LRB Hearing Room – 3rd Floor**



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

| | |
|----------------------------|-------------------------------------|
| DO NOT WRITE IN THIS SPACE | |
| Case No. | LABOR RELATIONS BOARD Date Filed |
| EE- 3738 | 2015 MAR -6 P 1:33 |

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|---|----------|
| IN THE MATTER OF | |
| Newport County Regional Special Education | |
| -AND- | EMPLOYER |
| NEARI | |
| EMPLOYEE REPRESENTATIVE | |

AMENDED
**PETITION FOR INVESTIGATION OF
CONTROVERSIES AS TO
REPRESENTATION
PURSUANT TO R.I.G.L. 28-7-16
RI STATE LABOR RELATIONS ACT**

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

- Type of Petition (Check one)
 - Petition by or on behalf of employees seeking **certification** of any Employee Organization.
 - Petition by Employer seeking to resolve **claim of representation** by one or more Employee Organizations.
- Name of Employer: Newport County Regional Special Education
Address: 26 Oliphant Lane, Middletown, RI 02842
Representative (if known): _____ Telephone Number: _____
- Name of Employee Organization: NEARI
Address: 99 Bald Hill Rd., Cranston, RI 02920
Telephone Number: 401-463-9630 Facsimile: 401-463-5337 Email: Jazevedo@neari.org
- Unit Involved – List the specific titles of the positions to be included in proposed unit and attach a copy of job descriptions, if available. (Attach additional sheets if necessary)
Included: Certified Special Educators, School Psychologists, School Social Workers, Speech & Language Pathologists

Excluded: Municipal Employees under the Act.

- Number of employees in unit sought: 110
A. If the Petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is the petition filed within the thirty (30) day "window period" as outlined in R.I.G.L. 28-7-9?
 YES NO N/A
B. Recognized or certified bargaining agent (Incumbent Labor Organization):
Name: _____
Address: _____
If certified, give Certification Number: _____ Date Certified: _____
Current Certification of Representatives: Attached:
Expiration Date of most recent Collective Bargaining Agreement: _____
Month/Day/Year
- List other Employee Organizations known to have an interest in the employees previously described.
Name(s): _____
Address(es): _____

Note: Upon submission of this Petition for either Representation or Decertification, Cards of Interest with a showing of at least thirty percent (30%), must accompany this Petition. Only Cards of Interest with original signatures shall be accepted.

Pursuant to R.I.G.L. 28-7-16, the undersigned requests that the Rhode Island State Labor Relations Board investigate the question or controversy of representation of employees, and certify to all persons concerned the name(s) of the representatives who have been designated or selected by said employees.

PETITIONER: _____ DATE: 3/6/15
SIGNATURE

Name: Jennifer Azevedo, Esq. Title: Assistant Executive Director/UniServ
Address: 99 Bald Hill Rd., Cranston, RI 02920
Telephone: 401-463-9630 x308 Cellular No. 401-500-0169
Facsimile: 401-463-5337 Email: jazevedo@neari.org