



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

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

IN THE MATTER OF
-AND-
EMPLOYER
EMPLOYEE REPRESENTATIVE

AMENDED
PETITION FOR DECERTIFICATION OF A
CERTIFIED BARGAINING
REPRESENTATIVE
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

1. Type of Petition (Check one)
Petition by or on behalf of **Employees** seeking decertification from an Employee Organization.
Petition by **Employer** seeking decertification of an existing Employee Organization.

2. Name of Employer: _____
Address: _____
Representative (if known): _____ Telephone Number: _____

3. Name of Employee Organization: _____
Address: _____
Representative (if known): _____ Telephone Number: _____

4. Composition of Current Certified Unit for Decertification – **(Attach additional sheets if necessary)**. _____

5. Number of total employees in current unit: _____
Certification Number: _____ Date Certified: _____
Current Certification of Representatives: Attached: Unit Clarification Disposition Form: Attached:
Expiration Date of most recent Collective Bargaining Agreement: _____
Month/Day/Year

6. List other Employee Organization(s) known to have an interest in the employees previously described, if applicable.
Name(s): _____
Address(es): _____

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

The undersigned hereby certifies that this Petition for Decertification is being filed in compliance with the requirements of R.I.G.L. 28-7-16 and in accordance with the Board's Rules and Regulations, §1.15 et seq.

PETITIONER'S SIGNATURE: _____ **DATE:** _____
Name: _____ Title: _____
Address: _____
Business Telephone: _____ Cellular No.: _____
Facsimile: _____ Email: _____