



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

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

| |
|-------------------------|
| IN THE MATTER OF |
| _____ |
| EMPLOYER |
| -AND- |
| _____ |
| 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

1. 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.

2. Name of Employer: _____
 Address: _____
 Representative: _____ Telephone Number: _____ Email: _____

3. Name of Employee Organization: _____
 Address: _____
 Representative: _____ Telephone Number: _____ Email: _____

4. Composition of Unit to Organize – **1) List the specific titles of the positions to be included in proposed unit; and 2) List the specific titles of the positions to be excluded in proposed unit, if applicable.**
(Attach additional sheets if necessary)

Included:

Excluded:

5. Number of employees in unit sought: _____

6. List other Employee Organizations known to have an interest in the employees previously described.
 Name(s): _____
 Address(es): _____
 Representative: _____ Telephone Number: _____ Email: _____

Note: Upon submission of this Petition for Representation, Cards of Interest, with a showing of at least thirty percent (30%), must be submitted by the close of business (3:00 p.m.) on the date in which the petition is filed. 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'S SIGNATURE: _____ | DATE: _____ |
| Name: _____ | Title: _____ |
| Address: _____ | |
| Business Telephone: _____ | Cellular No.: _____ |
| Facsimile: _____ | Email: _____ |

The RI State Labor Relations Board is an equal opportunity employer.
 Auxiliary aids and services are available upon request to individuals with disabilities.
 TTY VIA RI RELAY: 711