



STATE OF RHODE ISLAND  
RI STATE LABOR RELATIONS BOARD

<b>DO NOT WRITE IN THIS SPACE</b>
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