



STATE OF RHODE ISLAND  
RI STATE LABOR RELATIONS BOARD

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

IN THE MATTER OF

---

EMPLOYER

-AND-

---

LABOR ORGANIZATION

**AMENDED**

**PETITION FOR UNIT CLARIFICATION  
AND/OR ACCRETION/EXCLUSION  
PURSUANT TO R.I.G.L. 28-7-9 (b) (3)  
RI STATE LABOR RELATIONS ACT**

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

- Petition filed by (Check one):      Employee Organization      Employer
- Type of Petition (Check one):      Clarification      Accretion      Exclusion
- Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
- Certified Bargaining Agent (Employee Organization):  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Certification Case No: **EE-** \_\_\_\_\_ Date Certified: \_\_\_\_\_ Certification of Representatives:      Attached  
Unit Clarification Disposition Record:      Attached      Non-Applicable  
Expiration Date of most recent Collective Bargaining Agreement: \_\_\_\_\_
- Number of employees in existing unit: \_\_\_\_\_  
Number of employees to be accreted into/excluded from existing unit: \_\_\_\_\_  
Total number of employees in proposed unit: \_\_\_\_\_

*(If seeking to accrete positions totaling more than 20% of the existing bargaining unit, then cards of interest for more than 50% of the employees holding the positions that the petitioner seeks to accrete must accompany the petition)*

- Title(s) of each disputed position: **(Attach position description, if available)**  
  
Name(s) of Individual(s) holding said title(s): **(Board will not clarify vacant positions)**  
  
Length of time Incumbent(s) has held position(s):  
  
Date(s) each position was created:

*(Note: In order to proceed with a Petition for Unit Clarification/Accretion, the incumbent(s) must be employed in the position full-time, for thirty (30) days, prior to the filing of the Petition). (Attach additional sheets if necessary)*

- List the representatives of any other Employee Organization(s) known to claim to represent any employee affected by the petition. **(Attach additional sheets if necessary)**  
Name(s): \_\_\_\_\_ Address(es): \_\_\_\_\_
- If the position has been in existence prior to the negotiations for the most recent contract, did the parties discuss unit placement of the position during negotiations? If discussed, what was the result of the discussion?
- If there have been changes in the job duties of the disputed position since it was created, please explain:
- Petitioner's reason(s) for petitioning to clarify, accrete, or exclude the disputed position:

**PETITIONER'S SIGNATURE:** \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

**DATE:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Cellular No.: \_\_\_\_\_  
Email: \_\_\_\_\_