

Office of Compliance

PETITION

<p>By signing the petition form, a labor organization/petitioner certifies that it has submitted to the employing office or activity and to the Office of Compliance a roster of its officers and representatives, a copy of its constitution and by-laws, and a statement of its objectives. See instructions on the back of this form. Attach additional sheets if needed, numbered according to the item to which they pertain.</p>	<p>CASE No. _____</p> <p>DATE FILED _____</p>									
<p>1. Clear and concise statement of the purpose of the petition and the issues raised by the petition.</p>										
<p>2. Description of the unit(s):</p> <p>Included: _____</p> <p>Excluded: _____</p>	<p>3. Approximate number of employees in the unit(s) affected by the petition.</p> <p>Currently _____</p> <p>Proposed _____</p> <p>4. The petition is supported by...</p> <p>___ a showing of interest of not less than 30%...</p> <p>___ evidence of membership of not less than 10%... of the employees in the unit(s) involved in the petition.</p>									
<p>5. Petitioner:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Name</th> <th style="width: 40%; text-align: center;">Address</th> <th style="width: 30%; text-align: center;">Phone #</th> </tr> </thead> <tbody> <tr> <td>A. Petitioner</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>B. Petitioner Contact</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Address	Phone #	A. Petitioner	_____	_____	B. Petitioner Contact	_____	_____
Name	Address	Phone #								
A. Petitioner	_____	_____								
B. Petitioner Contact	_____	_____								
<p>6. Employing office(s), other than petitioner, affected by the petition:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Name</th> <th style="width: 20%; text-align: center;">Address</th> <th style="width: 20%; text-align: center;">Phone #</th> </tr> </thead> <tbody> <tr> <td>A. Employing Office/Activity</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>B. Office/Activity contact</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Address	Phone #	A. Employing Office/Activity	_____	_____	B. Office/Activity contact	_____	_____
Name	Address	Phone #								
A. Employing Office/Activity	_____	_____								
B. Office/Activity contact	_____	_____								
<p>7. Labor organization(s), other than petitioner, affected by the petition:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Name</th> <th style="width: 20%; text-align: center;">Address</th> <th style="width: 20%; text-align: center;">Phone #</th> </tr> </thead> <tbody> <tr> <td>A. Labor organization</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>B. Labor organization contact</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Address	Phone #	A. Labor organization	_____	_____	B. Labor organization contact	_____	_____
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B. Labor organization contact	_____	_____								
<p>8A. Dates of recognition/certification (month/day/year) of any of the unit(s) affected by issues raised in the petition.</p>	<p>8B. Expiration of current agreement(s) (month/day/year) covering any unit(s) affected by issue in the petition.</p>									
<p>9. Name, title, address, and telephone number of person filing petition.</p>										
<p>10. I DECLARE THAT I HAVE READ THIS PETITION AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT, 18 U.S.C. 1001. THIS PETITION WAS SERVED ON ALL PARTIES KNOWN TO BE AFFECTED BY ISSUES RAISED IN THIS PETITION.</p>										
<p>_____ TYPE OR PRINT YOUR NAME</p>	<p>_____ YOUR SIGNATURE</p>	<p>_____ DATE</p>								

OVERVIEW: Use this form if you want to file a petition pursuant to Section 220 of the Congressional Accountability Act (CAA). Refer to the Rules and Regulations of the Office of Compliance (Office), Part 2422, for additional information on how to file a petition. An original and two (2) copies of a petition must be filed with the Executive Director, along with a statement of any relevant facts not contained in the petition and a copy of all relevant correspondence relating to matters raised by the petition. Upon filing the petition, you must serve a copy of the petition and accompanying material (except for the showing of interest) on all affected parties. If additional space is needed, you may attach additional sheets numbered according to the item to which they pertain. The showing of interest and alphabetical list of names constituting such showing, as required by the CAA and the Office's Regulations for any petition seeking an election or petition seeking determination for dues allotment, must be filed with the petition, but may not be furnished by any other party.

PURPOSE OF THE PETITION AND STANDING TO FILE:

(A) Only a labor organization may file a petition to request: (1) an election to determine if employees in an appropriate unit wish to be represented for the purpose of collective bargaining by an exclusive representative; and/or (2) a determination of eligibility for dues allotment in an appropriate unit without an exclusive representative.

(B) Only an individual may file a petition to request an election to determine if employees in a unit no longer wish to be represented for the purpose of collective bargaining by an exclusive representative. Petitions for the purposes described in (A) or (B) must be accompanied by a showing of interest or evidence of membership, as appropriate.

(C) An employing office or labor organization, or an employing office and a labor organization jointly, may file a petition:

(1) to clarify or amend: (i) a recognition or certification then in effect (for example, to change the name or affiliation of the recognized or certified exclusive representative or the name of the employing office; or to resolve questions related to the eligibility of employees for inclusion in the unit, and/or (ii) any other matter relating to representation (for example, to resolve representation questions related to reorganization or realignment of employing office operations or issues related to the majority status of the currently recognized or certified labor organization); or (2) to consolidate two or more units, with or without an election, in an employing office and for which a labor organization is the exclusive representative.

LINE BY LINE INSTRUCTIONS:

1. Provide a clear and concise statement of the purpose of the petition, the issues raised by the petition, and the results the petitioner seeks.
2. Describe the unit(s) affected by issues raised in the petition. If the petitioner is seeking an election to determine the exclusive representative of an appropriate unit of employees and/or a determination for dues allotment, the description should include the geographic location and classifications of the employees sought to be included in, or excluded from, the unit. If the petitioner is seeking an election to determine if employees no longer wish to be represented for purposes of collective bargaining by an exclusive representative or to clarify, amend, or consolidate existing units, the petitioner should provide a description of the existing certification(s) or recognition(s). If more than one unit is affected, attach additional sheets.
3. State the approximate number of employees in the existing unit or the unit claimed to be appropriate; in a clarification or amendment, state the approximate number of employees in the units affected by issues raised in the petition.
4. State whether a petition seeking an election is accompanied by a showing of interest of 30% of the employees in the unit claimed to be appropriate. State whether a petition for a determination for dues allotment is accompanied by evidence of membership of 10% of the employees in the unit claimed to be appropriate.
5. Provide the name and mailing address for the petitioner and the contact person, including street and number, or room number, city, state, and zip code. If a labor organization petitioner is affiliated with a national organization, provide the local designation and the national affiliation.
6. Provide the name and mailing address for each employing office or activity other than the petitioner affected by issues raised in the petition, including street and number, or room number, city, state, and zip code. Also provide the name, mailing address, and work telephone number of the contact person for each employing office or activity affected by issues raised in the petition.
7. Provide the name and mailing address for each labor organization other than the petitioner affected by issues raised in the petition, including street and number, or room number, city, state, and zip code. If a labor organization petitioner is affiliated with a national organization, provide the local designation and the national affiliation. Provide the name, mailing address, and work telephone number of the contact person for each labor organization affected by issues raised in the petition.
8. If the labor organization(s) named in block 5 or 7 is an exclusive representative of any of the employees affected by issues raised in the petition, provide the date(s) of the recognition or certification and the date(s) any collective bargaining agreement covering the unit(s) will expire, or recent agreement did expire, if known.
9. State the name, title, and mailing address of the person filing the petition, including street and number, city, state, and zip code and telephone number.
10. Type or print the name of the person filing the petition. The person filing the petition must also sign and date the petition before it is filed.