



**PETITION FOR REPRESENTATION PROCEEDINGS**  
MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY EMPLOYMENT  
RELATIONS COMMISSION (MERC) LABOR RELATIONS DIVISION

<b>INSTRUCTIONS:</b> Submit an <b>original</b> and <b>4 copies</b> of this Petition to: Employment Relations Commission, Cadillac Place, 3026 W. Grand Boulevard, Suite 2-750, PO Box 02988 Detroit MI 48202-2988. (Use additional sheets if necessary.)	<b>DO NOT WRITE IN THIS SPACE</b>	
	Case Number:	Date Filed:

**1. Purpose of this Petition:** (Check only the one box which is appropriate.)

- A.  **RC — CERTIFICATION OF REPRESENTATIVE** — A majority of the employees in the unit wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees for purposes of collective bargaining. (An original showing of interest by 30% or more of the employees in the unit must accompany this form or be submitted within 48 hours of filing.)
- B.  **RM — REPRESENTATION (EMPLOYER)** — One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- C.  **RD — DECERTIFICATION** — A majority of the employees in the unit claim that the certified or currently recognized bargaining representative is no longer their representative. (An original showing of interest by 30% or more of the employees in the unit must accompany this form or be submitted within 48 hours of filing.)
- D.  **SD — SELF-DETERMINATION** — Multiple units represented by the same labor organization and same employer seek to be represented in one unit. (No showing of interest required.)
- E.  **UC — UNIT CLARIFICATION** — A labor organization is currently recognized by the employer, but Petitioner seeks clarification of placement of certain positions. (A petition for unit clarification does not raise a question concerning representation and cannot be used where an RC or RM petition is appropriate.)

2. Name and Address of Employer:

3. Type of Employer: (Check appropriate box.)  Governmental  Private Telephone No. ( )

4. Description of Claimed Bargaining Unit Involved: (Attach additional sheets if necessary.) For UC petition, describe current bargaining unit and attach specific description of proposed clarification.  INCLUDED:   EXCLUDED:	5. Approximate Number of Employees in Unit:
	6. Date of Demand for Recognition:  Date Employer Declined Recognition:

7. Name and Address of any Other Labor Organizations or Parties that May Claim an Interest in Representing the Employees Described in Item 4 Above (If NONE, so state):	Date of Recognition or Certification:  Date of Claim: (Required only if RM Petition)
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8. Date of Expiration of Current Contract, if any: Month: Day: Year:

**I HAVE READ THE ABOVE PETITION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Petitioner and Affiliation:	Title:
Name of Representative or Person Filing Petition	Email:
Signature: Printed:	Telephone No.: ( )
Address:	Fax No.: ( )