



**State of Delaware**  
**Public Employment Relations Board**  
 4<sup>th</sup> Floor, Carvel State Office Building  
 820 N. French Street  
 Wilmington, Delaware 19801

Telephone: (302) 577-5070  
 Facsimile: (302) 577-3297

**DECERTIFICATION PETITION**

Petition under 19 Del.C. Ch. 13; 19 Del.C. Ch. 16; or 14 Del.C. Ch.40

**Employees in the bargaining unit (certified in D.O.L. Case No. ) desire either to be represented by another bargaining representative or no longer wish to be represented by any bargaining representative.**

Name of Employer (Dept. & Division): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employer Representative  
to Contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Description of Bargaining Unit:

Number of Employees in Unit: \_\_\_\_\_

Currently Certified Bargaining Representative: \_\_\_\_\_

Expiration Date of Current Contract, if Any: \_\_\_\_\_ (month, year)

**I DECLARE THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
 (Petitioner name and affiliation, if any)

BY: \_\_\_\_\_  
 (Signature of Person Filing Petition)

\_\_\_\_\_  
 (Title, if any)

Address: \_\_\_\_\_  
 (Street, City, State and Zip Code)

Telephone No. \_\_\_\_\_

Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**REQUIRED SHOWING OF INTEREST:** In accordance with the provisions of the applicable statute administered by the Public Employment Relations Board, this petition must be accompanied by the uncoerced signatures of at least 30% of the employees within the bargaining unit and allege that the employee organization currently certified is no longer the choice of the majority of the employees in the unit.

**A decertification petition will only be entertained if filed not more than 180 days nor less than 120 days prior to the expiration of any existing collective bargaining agreement.** 19 Del.C. §1311(b); 19 Del.C. §1611(b); 14 Del.C. §4011(b).