



**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**

Petition for Bargaining Unit Determination and  
Certification of Exclusive Bargaining Representative

PETITIONER'S NAME: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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

\_\_\_\_\_

Telephone #/E-mail: \_\_\_\_\_

PUBLIC EMPLOYER: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone #/E-mail: \_\_\_\_\_

**DESCRIPTION OF BARGAINING UNIT APPROPRIATE FOR REPRESENTATION:**

(Please indicate the general classifications of employees you are petitioning to include in the unit, as well as any you specifically intend to exclude)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Number of Employees in the Petitioned for Unit: \_\_\_\_\_

**DEPT. OF LABOR CERTIFICATION CASE NUMBER AFFECTING THIS UNIT, if any:** \_\_\_\_\_

*[Please also complete the questions on reverse side of this form]*

TERM OF ANY EXISTING COLLECTIVE BARGAINING AGREEMENT AFFECTING  
EMPLOYEES IN THE PROPOSED UNIT: \_\_\_\_\_  
(If applicable, please attach one copy of such agreement)

DATE OF MOST RECENT REPRESENTATION ELECTION, IF ANY: \_\_\_\_\_

ANY OTHER RELEVANT FACTORS: \_\_\_\_\_

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This petition must be accompanied by authorization cards bearing the uncoerced signatures of thirty percent (30%) of the employees in the bargaining unit described by this petition. Authorization cards must be dated and are valid only for twelve (12) months following the signature date. The cards are confidential and will only be reviewed by the staff of the PERB in order to determine the adequacy of the showing of interest as part of the investigation of the petition.

Please forward this petition with the accompanying authorization cards to the Public Employment Relations Board, 4<sup>th</sup> Floor, Carvel Office Building, 820 N. French Street, Wilmington, DE 19801

\_\_\_\_\_  
Signature of Authorized Representative  
of the Petitioner

Name: \_\_\_\_\_

Address (if different from that on Page 1)

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Phone: \_\_\_\_\_

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

DATE: \_\_\_\_\_