



MMBA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Dated Filed:

INSTRUCTIONS: A request for recognition or petition for certification may be filed with the appropriate PERB regional office, unless the employer has adopted local rules providing for an equivalent procedure. Proper filing includes concurrent service and proof of service of the MMBA Representation Petition as required by PERB Regulations 61210 et seq. Attach additional sheets if more space is required.

1. EMPLOYER (Name, address and telephone number)	Employer's agent to be contacted: _____
Name: _____	Title: _____
Address: _____	Address and telephone, if different:
_____	Address: _____
City, State, Zip: _____	City, State Zip: _____
Telephone: (_____) _____ Ext. _____	Telephone: (_____) _____ Ext. _____
	E-Mail: _____

2. TYPE OF PETITION (Check all that apply)	3. PROOF OF SUPPORT
<input type="checkbox"/> REQUEST FOR RECOGNITION (RR)	<input type="checkbox"/> Majority support
<input type="checkbox"/> PETITION FOR CERTIFICATION (PC)	<input type="checkbox"/> 30% support
<input type="checkbox"/> SEVERANCE (Filed as PC)	
<input type="checkbox"/> SEVERANCE (Filed as RR)	

4. DESCRIPTION OF PROPOSED UNIT	5. NUMBER OF EMPLOYEES IN PROPOSED UNIT:
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Shall INCLUDE:	6. IF A CURRENT MEMORANDUM OF UNDERSTANDING (MOU) EXISTS COVERING ANY EMPLOYEES PETITIONED FOR, INDICATE:
Shall EXCLUDE:	MOU EFFECTIVE DATE: _____
	MOU EXPIRATION DATE: _____
	<input type="checkbox"/> NO AGREEMENT IS IN EFFECT

7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:

Name of Organization	Address	Date of Recognition/ Certification (if any)
_____	_____	_____
_____	_____	_____

8. PETITIONER (Name, address and telephone number)	Petitioner's agent to be contacted: _____
Address: _____	Title: _____
_____	Address and telephone, if different:
City, State Zip: _____	Address: _____
Telephone: (_____) _____ Ext. _____	City, State Zip: _____
	Telephone: (_____) _____ Ext. _____
	E-Mail: _____

DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief.

PETITIONER'S AUTHORIZED REPRESENTATIVE: _____
(Signature)

Title: _____ Date: _____

Los Angeles Regional Office
700 N. Central Avenue, Suite 200
Glendale, CA 91203-3219
(818) 551-2822

Sacramento Regional Office
1031 18th Street
Sacramento, CA 95811-4124
(916) 322-3198

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612-2514
(510) 622-1016

NOTICE OF MMBA REPRESENTATION PETITION

PERB CASE NUMBER: _____ DATE NOTICE WAS POSTED: _____

ON _____, THE PETITION INDICATED BELOW WAS FILED WITH THE
(DATE)
PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN ON THE MMBA
REPRESENTATION PETITION.

- _____ PETITION FOR CERTIFICATION
- _____ REQUEST FOR RECOGNITION
- _____ SEVERANCE REQUEST

THE PETITION IS BASED ON THE CLAIM THAT (CHECK ONE) _____ A MAJORITY
_____ AT LEAST 30% OF THE EMPLOYEES IN THE PROPOSED UNIT WISH TO BE REPRESENTED
BY THE PETITIONER.

SEE THE MMBA REPRESENTATION PETITION FOR THE NAMES, ADDRESSES AND TELEPHONE
NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE REPRESENTATIVE (IF ANY), AND
THE PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: _____

BY _____
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB Regulation 61220 requires that this Notice be conspicuously posted on all employee bulletin boards in each facility of the employer in which members of the proposed unit are employed. The Notice should be posted as soon as possible but in no event later than 10 days following receipt of the petition. The Notice must remain posted for at least 15 workdays.