State Mediation and Conciliation Service
California Department of Industrial Relations

Request for Agency Shop Election

1) Employee organization submitting request (include name, address, phone and contact):	2) Employer (include name, address, phone and contact):
3) Description of bargaining unit for which election is requested: Approximate size of bargaining unit:_____	4) Name and classification of any unit member(s) designated supervisory, management or confidential:
5) Date of employee organization's request to employer to begin agency shop negotiations: _____ Date the 30 calendar day negatiating period concludes _____	6) Has an agency shop election or agency shop rescission election been conducted in this unit within the past twelve months? (check one) YES ☐ NO ☐ If yes, date of election:_____
7) I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge: Print name:_____ Title:_____ Signed:_____ Dated:_____	8) Request submitted to SMCS office: Email: smcsinfo@perb.ca.gov Fax: 510-873-6475 US Mail: SMCS 1330 Broadway, Suite 1532 Oakland, CA 94612-2514

Enclosure: Proof of Service