

State of California
Agricultural Labor Relations Board
Petition for Decertification

Instructions: Submit an original and two (2) copies of this petition to the ALRB regional office in the region in which the employer concerned is located. If more space is required for any one item, attach additional sheets as necessary.

Do not write in this space

Case No. _____

Date Filed: _____

The Petitioner requests that the Agricultural Labor Relations Board proceed under its authority pursuant to Section 1156.3 or 1156.7(c) of the Agricultural Labor Relations Act of 1975.

1. Name, address and phone number of petitioner and its affiliation, if any: Petitioner

Name

Addr Phone

City State Zip Fax

Email

Affiliation

Name

Addr Phone

City State Zip Fax

Email

2. Name, address and phone number of representative of petitioner authorized to make agreements with the Board and the parties and to accept service of papers

Name

Addr Phone

City State Zip Fax

Email

3. Petitioner alleges:

- a. That the number of agricultural employees currently employed by the employer named below is not less than fifty percent of his peak agricultural employment for the current calendar year;
- b. That no valid election pursuant to Section 1156.3 has been conducted among the agricultural employees of the employer named below within the past 12 months;
- c. That a certified labor organization for the bargaining unit named in the petition either has no collective bargaining agreement with the employer or has an agreement which will expire in the next twelve months or has an agreement which has been in existence for more than 3 years;
- d. That the Board did not certify the labor organization within the past twelve months.

4.

4a. Employer Name:

4b. Employer Phone:

4c. Employer Fax:

4d. Employer Email:

4e. Representative Name:

4f. Representative Phone:

4g. Representative Fax:

4h. Representative Email:

4i. Employer Mailing Address

Addr

City State Zip

5. The nature of the employer's agricultural commodity or commodities encompassed by the unit.

Commodities:

6. The bargaining unit is all agricultural employees of the employer at the following locations

Addr Addr

City State Zip City State Zip

Addr Addr

City State Zip City State Zip

7.

a. Does the unit sought include all of the employer's agricultural employees in the State of California?

Yes No

b. Are the agricultural employees of the employer employed in two or more non-contiguous geographical areas?

Yes No

c. Does the employer have any packing sheds or cooling facilities?

Yes No

1. Are they located on or off the farm? On Off

2. Are they included in the unit sought? Yes No

8. The approximate number of agricultural employees currently employed in the unit sought.

Number of Agricultural Employees:

9a. Is the petition accompanied by evidence of support by a majority of the agricultural employees in the unit if it is brought under Section 1156.3(a) of the Act (i.e., where there is no collective bargaining agreement in effect)?

Yes No

9b. Is the petition accompanied by evidence of support of 30% or more of the agricultural employees in the unit if it is brought under Section 1156.7(c) of the Act (i.e., where there is a collective bargaining agreement in effect)?

Yes No

10. Recognized or Certified Bargaining Agent

Name

Addr

City State Zip

Certification Date

11.

a. Is there now a strike at the employer's establishment(s) involved?

Yes No

b. If so, approximately how many agricultural employees are participating?

Number of Agricultural Employees:

12. Indicate which languages other than English and Spanish should be used on the ballots.

Language: Number of Employees for Only This Language:

Language: Number of Employees for Only This Language:

Language: Number of Employees for Only This Language:

Declaration

I declare under penalty of perjury that I have read this petition and that the statements herein are true to the best of my knowledge and belief.

Petitioner

Affiliation (If any)

By: _____ **Date:** _____

Signature of Representative or Person Filing Petition

Name

Title

Addr Phone

City State Zip Fax

Email

Executed at (City, State)

Executed Date