

State of California
Agricultural Labor Relations Board
Petition for Intervention

Instructions: Submit an original and two (2) copies of this Petition to the ALRB Office in which the Petition for Certification or Decertification was filed or in which it is being processed. If more space is required for any one item, attach additional sheets numbering the item accordingly.

Do not write in this space

Case No. _____

Date Filed: _____

1. Name, Address and Phone Number of the Employer:

Name

Addr Phone

City State Zip Fax

Email

2. Name and Address of the Intervenor and its Affiliation, if any:

Name

Addr Phone

City State Zip Fax

Email

Affiliation

Name

Addr Phone

City State Zip Fax

Email

3. Name, Address, and Phone Number of Representative of Intervenor who is authorized to enter into agreements with the Board and the parties and to accept service of papers:

Name

Addr Phone

City State Zip Fax

Email

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

Addr	<input type="text"/>	Addr	<input type="text"/>								
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Addr	<input type="text"/>	Addr	<input type="text"/>								
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

a. Does the employer have other locations where agricultural employees are employed that are not alleged as part of the bargaining unit?

Yes No

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

Yes No

c. If so, are they located on or off the ranch?

On Off

d. Are such packing or cooling sheds included in the bargaining unit sought?

Yes No

e. Is the unit sought in this petition different from the one alleged in the petition for certification or decertification?

Yes No

f. The approximate number of agricultural employees currently employed in the unit sought in this petition.

Number of Agricultural Employees:

5. Is the Petition for Intervention accompanied by evidence of support by at least 20% of the employees in the bargaining unit sought?

Yes No

6. Name of the labor organization or person which filed the Petition for Certification or Decertification, if known:

Name

a. ALRB Case Number (if known):

b. Certification Date (if known, and applicable):

7. Is there now a strike at the employer's operation?

Yes No

8. What languages other than English and Spanish should be used on the ballots?

Language: Employees for Only This Language:

Language: Employees for Only This Language:

Language: 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.

Intervenor

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