

**State of California**  
**Agricultural Labor Relation Board**  
**Employer's Response to Petition for Certification**

**Instructions:** The requirements for an Employer's Response to a Petition for Certification are set out in Section 20310 of the ALRB Regulations. **PLEASE USE THIS FORM FOR YOUR RESPONSE.** This will facilitate the processing of the petition and the resolution of any issues with regard to the validity of the petition. An employer who is served with a copy of a Petition for Certification shall provide to the regional office in which the petition is filed, or an alternative place as provided by Section 20310(c), **a completed copy of this form** and the additional documents and information stated herein. (Information to be attached is indicated by \*). The Response and all supplemental information shall be provided within 48 hours of the filing of the Petition for Certification.

**Do not write in this space**

Case No. \_\_\_\_\_

Date Filed: \_\_\_\_\_

**1. Employer's full and correct legal name, address, and telephone number:**

Name

Addr  Phone

City  State  Zip  Fax

Email

**2. Brief description of the legal entity, e.g., partnership, corporation, sole proprietorship:**

Description

**3. Name, address, telephone number, location and title of a person within the employer's organization who is authorized to accept service of papers for the employer. The same person shall be one authorized to make agreements with the Board and the parties regarding the petition unless another representative of the employer is designated in Part 4.**

Name

Addr  Phone

City  State  Zip  Fax

Email

Location

Title

**4. Name, address, and telephone number of an attorney or other representative of the employer, if any:**

Name

Addr  Phone

City  State  Zip  Fax

Email

**5. Are the following allegations made in the Petition for Certification correct?**

(a) No valid election pursuant to Labor Code Section 1156.3(c) has been conducted among the agricultural employees of the employer within 12 months preceding the date of filing of the petition.

Correct       Incorrect

If incorrect, date of election:

(b) No labor organization is currently certified as the exclusive collective bargaining representative of the agricultural employees of the employer.

Correct       Incorrect

If incorrect, date of certification:

Labor organization certified:

(c) The petition for certification is not barred by an existing collective bargaining agreement between the employer and a certified union.

Correct       Incorrect

\* If incorrect, **ATTACH** a signed copy of the collective bargaining agreement.

**6. (a) Does the unit sought in the Petition for Certification include all the employer's agricultural employees in California?**

Yes       No

If no, describe locations of other agricultural employees of the employer.

Locations:

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

Yes       No

If yes, state locations:

(c) Does the employer have any packing or cooling sheds?

Yes  No

If yes, are they located on or off the farm property where agricultural employees work?

Yes  No

(d) Does the employer agree that the unit sought in the Petition for Certification is appropriate?

Yes  No

If no, describe the unit the employer contends is appropriate:

Unit description:

(e) What agricultural commodities are involved in the work of employees in the bargaining unit sought and in the bargaining unit which the employer contends is appropriate?

Commodities:

**7. What is the duration and timing of the payroll period under which agricultural employees in the unit sought are paid?**

Payroll Period

Other description:

If weekly or bi-monthly, on which day of the week or which dates in the month does each new payroll period end?

Days or Dates:

\* If agricultural employees in the unit sought are paid on more than one payroll period, state the duration and timing of each payroll and **ATTACH** a list showing which agricultural employees are on each pay schedule:

Duration and Timing:

**8. (a) How many agricultural employees were employed in the payroll period immediately preceding the filing of the Petition for Certification, that is, during the last payroll period that ended before the date of filing the petition?**

Number of Agricultural Employees:

\* **ATTACH** a copy of the employer's original payroll records which show the names of agricultural employees employed each day during the payroll period immediately preceding the filing of the Petition and the hours worked by each agricultural employee or, if employment is on a piece-rate basis, the number of units credited to each agricultural employee.

(b) What are the dates of the payroll period which the employer contends was or will be its peak payroll period for the current calendar year?

List dates:

(c) How many employees were or will be employed in the payroll period?

Number of Agricultural Employees:

(d) Does the employer agree that the number of agricultural employees employed in the payroll period immediately preceding the filing of the Petition for Certification is at least 50 percent of the employer's peak employment for the current calendar year?

Yes  No

(e) If the employer contends that the petition has been filed when it is at less than 50% of its peak employment, provide the Regional Director with 1) a detailed explanation of how it calculates such peak employment and 2) payroll records showing the number of agricultural employees employed on each day, and the number of hours such agricultural employees worked, during the previous peak payroll period, as well as any crop and acreage statistics and other information relevant to the determination of its peak employment needs. The Regional Director shall have the discretion to require the employer to provide payroll records and/or crop and acreage statistics for up to three years prior to the filing of the petition.

**\* 9. ATTACH a complete and accurate list of the complete and full names and current street addresses (no postal addresses will be accepted) and job classifications of all agricultural employees, including agricultural employees hired through a labor contractor, in the bargaining unit sought by the Petition for Certification in the payroll period immediately preceding the filing of the Petition. The list shall also include the names, current street addresses (no postal addresses will be accepted) and job classifications of persons working for the employer as part of a family or other group for which the name of only one group member appears on the payroll.**

\* If the employer contends that the unit sought in the Petition for Certification is inappropriate, the employer shall **ATTACH**, in addition to the list described above, a complete and accurate list of the complete and full names and current street addresses (no postal addresses will be accepted) and job classifications of all agricultural employees, including labor contractor employees and family group employees, in the unit the employer contends is appropriate for the payroll period immediately preceding the filing of the Petition.

**\* 10. ATTACH the names, addresses and telephone numbers of all labor contractors who supplied labor to the employer during the payroll period immediately preceding the filing of the Petition and during the payroll period which the employer contends was its peak employment period.**

Check if "None"

**11. Which languages other than English and Spanish should be used on the ballots in any election which may be conducted pursuant to the Petition for Certification?**

Language:	<input type="text"/>	Number of Employees for Only This Language:	<input type="text"/>
Language:	<input type="text"/>	Number of Employees for Only This Language:	<input type="text"/>
Language:	<input type="text"/>	Number of Employees for Only This Language:	<input type="text"/>

**Declaration**

I declare under penalty of perjury that I have read the above Response to the Petition for Certification and that the statements herein are true to the best of my knowledge and belief.

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature of Representative or Person Filing Response

Name

Title

Addr  Phone

City  State  Zip  Fax

Email