

State of California
Agricultural Labor Relations Board
Majority Support Petition

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 1156.37 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

City

State

Zip

Phone

Email

Fax

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 Sections 1156.3 or 1156.37 has been conducted among the agricultural employees of the employer named below within the past 12 months; and
- c. That no labor organization is currently certified as the exclusive collective bargaining representative of the agricultural employees of the employer named below.

I certify that this labor organization has filed a LM-2 form with the United States Department of Labor in accordance with the Labor-Management Reporting and Disclosure Act for the previous two years.

I certify that this labor organization had a collective bargaining agreement covering agricultural employees as defined in Labor Code section 1140.4, subdivision (b) in effect on May 15, 2023.

4. Employer:

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

Address

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	<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"/>

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

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

Number of Agricultural Employees:

9. Is the petition accompanied by evidence of support by a majority of the employees currently employed in the unit as required by Section 1156.37(c) of the Act?

Yes No

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

