Authority: P.A. 380 of 1965, as amended.
Completion: Mandatory
Penalty: Case will not be opened if this form is not used.

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
EMPLOYMENT RELATIONS COMMISSION
LABOR RELATIONS DIVISION

PETITION FOR REPRESENTATION PROCEEDINGS

INSTRUCTIONS: Submit an **original** and **4 copies** of this Petition to: Employment Relations Commission, Cadillac Place, 3026 W. Grand Boulevard, Suite 2-750, PO Box 02988 Detroit MI 48202-2988. (Use additional sheets if necessary.)	**DO NOT WRITE IN THIS SPACE**	
	Case Number	Date Filed

1. Purpose of this Petition: (Check only the one box which is appropriate.)

A. ☐ **RC - CERTIFICATION OF REPRESENTATIVE** - 30% or more of employees in the unit wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees for purposes of collective bargaining. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)

B. ☐ **RM - REPRESENTATION (EMPLOYER)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.

C. ☐ **RD - DECERTIFICATION** - 30% or more of employees in the unit assert that the certified or currently recognized bargaining representative is no longer their representative. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)

D. ☐ **SD - SELF-DETERMINATION** - Multiple units represented by the same representative seek to be represented in one unit. (No showing of interest required.)

E. ☐ **UC - UNIT CLARIFICATION** - A labor organization is currently recognized by the employer, but Petitioner seeks clarification of placement of certain employee(s). (A petition for unit clarification does not raise a question concerning representation, and may not be used where an RC or RM petition is appropriate.)

2. NAME AND ADDRESS OF EMPLOYER:	TELEPHONE NUMBER: ( ) _____
3. TYPE OF EMPLOYER: Check appropriate box: ☐ Governmental ☐ Private	
4. DESCRIPTION OF CLAIMED BARGAINING UNIT INVOLVED: In UC petition, describe present bargaining unit and attach specific description of proposed clarification. Please use additional paper if necessary. INCLUDED: EXCLUDED:	5. APPROXIMATE NUMBER OF EMPLOYEES IN UNIT: 6. DATE OF DEMAND FOR RECOGNITION: DATE EMPLOYER DECLINED RECOGNITION:
7. RECOGNIZED OR CERTIFIED BARGAINING AGENT, OR PARTIES OTHER THAN PETITIONER WHICH HAVE CLAIMED RECOGNITION AS REPRESENTATIVES, AND OTHER UNIONS INTERESTED IN THE EMPLOYEES DESCRIBED IN ITEM 4 ABOVE (If **NONE**, so state): NAME AND ADDRESS:	DATE OF RECOGNITION OR CERTIFICATION: DATE OF CLAIM: (Required only if RM Petition)
8. DATE OF EXPIRATION OF CURRENT CONTRACT, IF ANY: Month: Day: Year:	
I HAVE READ THE ABOVE PETITION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
PETITIONER AND AFFILIATION, IF ANY:	
NAME OF REPRESENTATIVE OR PERSON FILING PETITION: ***SIGNATURE***: ***PRINTED***:	TITLE, IF ANY:
ADDRESS:	TELEPHONE: ( ) _____

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.