



# UNIT MODIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No. \_\_\_\_\_

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

**INSTRUCTIONS:** A petition for unit modification must be filed in accordance with PERB Regulation 32110. A petition which is not jointly filed must be served on all parties. Proof of service must accompany the petition. Attach additional sheets if more than one exclusive representative and/or more than one established unit is affected by the unit modification petition, or if additional space is required. Individual employees MAY NOT file a unit modification petition.

1. EMPLOYER (Name, address and telephone number) \_\_\_\_\_

Employer's agent to be contacted: \_\_\_\_\_

Title: \_\_\_\_\_

Address and telephone, if different: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ Ext. \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

2. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number) \_\_\_\_\_

Agent to be contacted: \_\_\_\_\_

Title: \_\_\_\_\_

Address and telephone, if different: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ Ext. \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

### 3. TYPE OF PETITION

This petition is filed pursuant to PERB Regulation(s): \_\_\_\_\_

### 4. PETITION FILED BY: (Check one only.)

- Both (or all) Parties
- Exclusive Representative
- Employer

### 5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:

### 6. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:

### 7. DESCRIPTION OF ESTABLISHED UNIT:

Los Angeles Regional Office  
 425 W Broadway, Suite 400  
 Glendale, CA 91204-1269  
 (818) 551-2822

Sacramento Regional Office  
 1031 18th Street, Suite 102  
 Sacramento, CA 95811-4124  
 (916) 322-3198

San Francisco Regional Office  
 1515 Clay Street, Suite 2206  
 Oakland, CA 94612-1403  
 (510) 622-1016

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8. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED:

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9. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:

AGREEMENT/MOU EFFECTIVE DATE:

EXPIRATION DATE:

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10. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:

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11. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT(S):

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12. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS PETITION:

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**DECLARATION**

I (we) declare that the statements herein are true to the best of my knowledge and belief.

NAME OF PETITIONING PARTY: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF PETITIONING PARTY: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF PETITIONING PARTY: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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