

**CITY OF LOS ANGELES
EMPLOYEE RELATIONS BOARD
200 North Main Street, Room 1100
Los Angeles, California 90012
(213) 473-9700**

**PETITION FOR
AMENDMENT OF
CERTIFICATION**

INSTRUCTIONS

1. **Purpose:** This form may be used to accrete (add) classes to a unit, or to delete classes from a unit.
2. **Who May File:** A petition for Amendment of Certification may be filed only by the certified representative of the bargain unit affected by the petition, or by the General Manager Personnel Department.
3. **When to File:** A Petition for Amendment of Certification may be filed at any time a Certification of Representative for the affected unit is in effect.
4. **How to File:** (A) File a typewritten original plus eight copies of this form with the Board at the above address. You may file the petition in person or by mail; you may not file by fax. (B) Serve a copy of the petition on the General Manager Personnel Department or the affected employee organization, as appropriate. (C) Proof of such service must be submitted to the Board when the petition is filed. (D) Use additional pages if needed.

5. NAME OF PETITIONER:	6. PETITIONER'S ADDRESS:
7. TELEPHONE NUMBER:	8. PETITIONER'S AUTHORIZED REPRESENTATIVE:
9. UNIT AFFECTED:	10. CERTIFIED REPRESENTATIVE OF UNIT:
11. DATE CERTIFIED:	12. ACTION REQUESTED: <input type="checkbox"/> ACCRETION <input type="checkbox"/> DELETION

13. CLASSES AFFECTED: Class Code Class Title No. of Employees Total Classes: _____
 Total Employees: _____

14. OTHER RELEVANT FACTS:	DO NOT WRITE IN THIS BLOCK Petitioner: _____
15. I declare that I am a duly authorized representative of the petitioner. I certify under penalty of perjury that the facts and information set forth in this petition are true and correct to the best of my knowledge and belief. I have served a copy of this petition on the General Manager Personnel Department or the affected employee organization(s), as appropriate.	Unit Affected: _____
16. NAME OF REPRESENTATIVE: _____ TITLE: _____	File No.: _____
17. SIGNATURE OF REPRESENTATIVE: _____ DATE: _____	Date Filed: _____
	Date Posted: _____