

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

**PETITION FOR
ELECTION
TO RESCIND
AGENCY PROVISION**

INSTRUCTIONS

1. Who May File: A petition requesting an election on the question of rescinding an agency shop provision in a Memorandum of Understanding may be filed by an employee or group of employees who are members of the affected bargaining unit.
2. When To File: A petition may be filed at anytime following the ratification of the Memorandum of Understanding. Provided, however, that no such petition may be filed during the term of the Memorandum of Understanding if an election on the question of rescinding the agency shop provision of said Memorandum of Understanding has been held during said term.
3. Showing of Support: Written proof that 30% of the regular employees in the affected bargaining unit support the rescission of the agency shop provision of the Memorandum of Understanding in question shall accompany the petition. The proof shall be on a form prepared by the petitioner and approved by the Executive Director Employee Relations Board, and shall be in compliance with Board Rule 12.04 (b).
4. How to File: a) File a typewritten original plus eight (8) copies of the completed petition and a copy of the showing of support, together with a typed alphabetical list of names constituting such showing, with the Board; b) serve a copy of the petition on the City Administrative Officer and the affected employee organization; and c) proof of such service must be filed with the Board at the time the petition is filed.

5. <u>Name of Address of Petitioners</u> :	6. Name and Address of Petitioner's Spokesman (self, attorney, etc.):
7. <u>Petitioner's Telephone Number</u> :	8. <u>Spokesman's Telephone Number</u> :
9. <u>Unit Affected</u> :	10. <u>Certified Representative of Unit</u> :
11. <u>Date of Memorandum of Understanding</u> :	12. To your knowledge, has an election on the question of the rescission of the agency shop provision for the Unit affected by this petition been held during the term of the current M.O.U. for the Unit? Yes _____ No _____

13. <u>Other Relevant Facts</u> :	DO NOT WRITE IN THIS SPACE
14. I, the undersigned, declare that I am a duly authorized representative of the Petitioner and I certify under penalty of perjury that the statements set forth in this petition are true and correct to the best of my knowledge and belief, and that. I have served a copy of this petition on the City Administrative Officer and the affected employee organization.	<u>PETITIONER(S)</u> :
15. <u>Name and Title of Representative</u> :	<u>UNIT AFFECTED</u> :
16. <u>Signature of Representative</u> : <u>Date</u> :	<u>UNION AFFECTED</u> :
	<u>DATE</u> : <u>FILE NO.</u>