



# JOINT REQUEST FOR CERTIFICATION

IN THE MATTER OF THE EMPLOYEES OF:

DO NOT WRITE IN THIS SPACE
CASE NO.
DATE FILED

## TO THE HONORABLE, THE MEMBERS OF THE PENNSYLVANIA LABOR RELATIONS BOARD:

The Petition of the employe organization and the public employer herein respectfully sets forth:

### EMPLOYE ORGANIZATION INFORMATION

Employe Organization	Contact Name	
Address		
City State	Zip	Telephone

### PUBLIC EMPLOYER INFORMATION

Public Employer	Contact Name	
Address		
City State	Zip	Telephone

- The public employer has agreed to recognize the employe organization pursuant to Section 602(a) of the Public Employe Relations Act based on a determination that a majority of the employes in the proposed unit desire to be represented by the employe organization; said determination is based upon:

\_\_\_\_\_

(state method used to determine the desire of the majority of employes)

- Description of the unit deemed to be appropriate:  
Included:

Excluded:

- Approximate number of employes in the unit claimed to be appropriate: \_\_\_\_\_

4. The proposed unit includes:
- |  |  |
|--|--|
| <input type="checkbox"/> Nonprofessional employes only   | <input type="checkbox"/> Security guards only (refer to §604(3) of the Act)    |
| <input type="checkbox"/> Professional employes only  | <input type="checkbox"/> Prison guards only (refer to §604(3) of the Act)      |
| <input type="checkbox"/> Professional and nonprofessional employes (refer to §604(2) of the Act) | <input type="checkbox"/> First level supervisors (refer to §604(5) of the Act) |

5. There are no other employe representatives claiming to represent any of the employes in the proposed unit except (if applicable):

Name	Telephone
Address	City
	State
	Zip

6. The public employer has posted the five-day notice pursuant to 34 Pa. Code § 95.11(8) **AND HAS ATTACHED PROOF OF POSTING.**

7. Other relevant facts:

WHEREFORE, Petitioners request that the Pennsylvania Labor Relations Board pursuant to Section 602(a) of the Public Employee Relations Act approve the proposed unit as appropriate and certify the employe organization as the exclusive representative for all employes in the unit.

\_\_\_\_\_  
Petitioner – Employee Organization

\_\_\_\_\_  
Petitioner – Public Employer

By \_\_\_\_\_  
Signature

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

**INCOMPLETE OR INACCURATE STATEMENTS MAY RESULT IN A DISMISSAL OF THIS PETITION.  
FAILURE TO FILE ORIGINAL AND THREE (3) COPIES OF THE PETITION MAY CAUSE A DELAY IN PROCESSING.**