



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

FOR BOARD USE ONLY

CASE NO: _____

DATE
FILED: _____

BOARD OF PERSONNEL APPEALS
PETITION FOR UNIT CLARIFICATION

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit this petition to the BOARD OF PERSONNEL APPEALS, PO BOX 8011, HELENA, MT 59604-8011.
If more space is required for any item, attach additional sheets, numbering items accordingly.
The unit clarification procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.630.

1. **NAME OF BARGAINING REPRESENTATIVE:** _____ **AFFILIATION** (Parent/National Organization, if any): _____

2. **MAILING ADDRESS OF BARGAINING REPRESENTATIVE:** _____ **TELEPHONE:** _____ **EMAIL ADDRESS** _____

3. **NAME OF PUBLIC EMPLOYER:** _____

4. **MAILING ADDRESS OF EMPLOYER:** _____ **TELEPHONE:** _____ **EMAIL ADDRESS** _____

5. **Description of existing bargaining unit in question, specifying inclusions and exclusions:**

6. **Description of proposed clarification of the unit:** (include job classifications and number of employees in each job classification affected by proposed clarification)

7. **Statement setting forth the reasons why petitioner desires a clarification of the unit:**

8. **Is any employee organization, other than the representative listed in Number 1, certified to represent any of the employees who would be directly affected by the proposed clarification** Yes _____ No _____

9. **A brief and concise statement of any other relevant facts:**

PETITIONER: _____ **DATE:** _____
_____ **TITLE:** _____