



Case No. \_\_\_\_\_

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

**BOARD OF PERSONNEL APPEALS**  
**PETITION FOR DECERTIFICATION**

**INSTRUCTIONS:** Please print legibly or type. Submit this petition and authorization cards 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. If you have questions, please call (406) 444-6543 for assistance.

The decertification procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.1028.

1. **NAME OF PETITIONER:** \_\_\_\_\_ **AFFILIATION** (Parent/National Organization, if any): \_\_\_\_\_

2. **MAILING ADDRESS OF PETITIONER:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

3. **NAME OF PUBLIC EMPLOYER:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

4. **MAILING ADDRESS OF EMPLOYER:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

5. Description of the unit, specifying inclusions and exclusions. (Be complete and specific and use correct job titles whenever possible.)

Inclusions: \_\_\_\_\_

Exclusions: \_\_\_\_\_

5a. Approximate number of employees in the proposed unit: \_\_\_\_\_

5b. Is the petition accompanied by 30 percent proof-of-interest? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Name, Address and Affiliation of any labor organizations who claim to represent the employees in the proposed unit. (If None, write NONE)

\_\_\_\_\_

\_\_\_\_\_

7. Expiration dates and brief description of any contracts covering any employees in the proposed unit.

\_\_\_\_\_

8. Briefly state any known disagreement between the employer and the petitioner as to the nature and scope of the proposed unit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Any other relevant facts.

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\_\_\_\_\_

\_\_\_\_\_

The above information is true and complete to the best of my knowledge and the labor organization that has been certified, or is currently being recognized by the employer as bargaining representative no longer represents the interests of the majority of the employees in the unit.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature)