THE COMMONWEALTH OF MASSACHUSETTS JOINT LABOR-MANAGEMENT COMMITTEE PETITION FOR EXERCISE OF JURISDICTION

INSTRUCTIONS: Submit the original of this Petition to the Joint Labor-Management Committee, Department of Labor Relations, Lafayette City Center, 2 Avenue de Lafayette, Boston efiledlr@mass.gov. Petition must be filled out completely to be processed.

PLEASE PRINT OR TYPE

Name and Address of Labor Organization	
Affiliation (if any) To National or State Labor Organization	
Name and Address of President of Local Labor Organization	Phone Work: Phone Cell: Email:
Name and Address of Collective Bargaining Agent	Phone Work: Phone Cell: Email:
Name and Address of Municipality	
Name and Address of Chief Executive Officer	Phone Work: Phone Cell: Email:
Name and Address of Collective Bargaining Agent	Phone Work: Phone Cell: Email:
Information on Disput Attach to this petition the following: The most current collective bargainir integrated CBA, the last two MOA's, adopted ground rules, any tentative proposals of the petitioning party relating to the issues in dispute. These considered complete and ready to be processed.	ng agreement or in the event that there is no agreements and the current on-the-record
Date of Expiration of Current or Most Recent Collective Bargaining Agreeme	ent
Number of Bargaining Sessions Held to Date - Date of Last Session – Who	made the last offer
Statement of Issues in Dispute (Use another page if necessary)	
Description of Any Prohibited Practice Charges Pending Between the Parties	S
Other Information	
Size and composition of Units (Total # of Employees Covered by the Contract	ct)
Names – Titles – Email of Members of Bai Union	rgaining Committees Management
Manner of Settlement in Last Two Contract Negotiations (Mediation, Fact Fir	nding, etc.)
Petition Submitted By: Labor Organization [] Municipality []	Jointly []
Signature and Title of Principal of Petitioning Party	Date
Signature and Title of Principal Representative of Other Party if Joint Petition	n Date