



**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF LABOR RELATIONS  
PETITION FOR  
CLARIFICATION OR AMENDMENT**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5(c). File an original plus two(2) copies of this form with the Division.

1. Petitioner (Check one):

Employee Organization seeking clarification or amendment of a recognized or certified bargaining unit.

Employer seeking clarification or amendment of a recognized or certified bargaining unit.

2. Employer	3. Representative to contact	5. Telephone Number
-------------	------------------------------	---------------------

4. Address (street and No., city/town, state, and ZIP code)	6. Fax Number
---	---------------

7. Employee Organization	8. Representative to contact	10. Telephone Number
--------------------------	------------------------------	----------------------

9. Address (street and No., city/town, state, and ZIP code)	11. Fax Number
---	----------------

12. Describe existing bargaining unit (attach additional sheets if necessary):	12a. No. of employees in existing unit
Included _____	
_____	

Excluded _____	12b. The incumbent Employee Organization was: originally
	<input type="checkbox"/> Recognized
	<input type="checkbox"/> Certified
	<input type="checkbox"/> Don't Know

13. Date on which the incumbent Employee Organization was first Recognized or Certified (If Certified, include case No., if known)	14. Expiration date of most recent collective bargaining agreement	Attach a copy of the most recent certification and/or current recognition clause.
--	--	---

15. List the case Nos. of any prior CAS petitions relevant to this bargaining unit.

16. Title of disputed position(s) (attach position description(s), if available)	Date position was created
_____	_____
_____	_____
_____	_____

17. Date on which the Employee Organization first learn of the existence of the position(s)	18. No. of employees in the proposed unit
---	---

19. Are any of the positions included in another bargaining unit? Yes  No

If yes, list the name(s) and address(es) of the Employee Organization(s) that represent the position(s)

*Note: You must serve a copy of this petition on all Employee Organizations known to have an interest in any of the petitioned-for positions.*

Answer the following questions for each of the positions listed in Question No. 16.  
Attach additional sheets if necessary

20. Have there been changes to the job duties since the position was created? Yes  No

If yes, explain (including the date on which any changes occurred)

21. Was the position in existence prior to the negotiations for the most recent collective bargaining agreement? Yes  No

If yes, explain what, if any, discussions the parties had concerning the unit placement of the position

22. Explain why the position should/should not be included in the existing bargaining unit

DECLARATION

**I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.**

Name (print)	Signature	Title (if any)
Address (street and no., city/town, state, and ZIP code)		Telephone Number

CERTIFICATE OF SERVICE

**I hereby certify that I have served a copy of this Petition on the following representative of the opposing party.**

Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number