



Office of Congressional Workplace Rights

LABOR MANAGEMENT – PETITION FORM

<p>See instructions below. Attach additional sheets if needed, numbered according to the box(es) below to which they pertain.</p> <p>By signing the petition form, a labor organization petitioner certifies that it has submitted to the employing office or activity and to the Department of Labor a roster of its officers and representatives, a copy of its constitution and bylaws, and a statement of its objectives.</p> <p>FORM 1351d</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>Case No. _____</p> <p>Date Filed _____</p>	
<p>1. Clear and concise statement of the purpose of the petition and the issues raised in the petition:</p> 		
<p>2. Description of the unit(s):</p> <p>Included:</p> <p>Excluded:</p>	<p>3. Approximate number of employees in the unit(s) affected by the petition:</p> <p>Currently: _____</p> <p>Proposed: _____</p> <p>4. The petition is supported by:</p> <p>___ a showing of interest of not less than 30%.</p> <p>___ evidence of membership of not less than 10% of the employees in the unit(s) involved in the petition.</p>	
<p>5. Petitioner:</p> 		
<p>5A. Petitioner name:</p>	<p>Address:</p>	<p>Tel. #: _____ Ext. _____</p> <p>E-mail: _____</p>
<p>5B. Petitioner contact name:</p>	<p>Address:</p>	<p>Tel. #: _____ Ext. _____</p> <p>E-mail: _____</p>

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6. Employing office(s), other than petitioner, affected by the petition:			
6A. Employing office/Activity name:	Address:	Tel. #:	Ext.
		E-mail:	
6B. Employing office/Activity contact name:	Address:	Tel. #:	Ext.
		E-mail:	
7. Labor organization(s), other than petitioner, affected by the petition:			
7A. Labor organization name:	Address:	Tel. #:	Ext.
		E-mail:	
7B. Labor organization contact name:	Address:	Tel. #:	Ext.
		E-mail:	
8. Dates of recognition/certification (mm/dd/yyyy) of any of the unit(s) affected by issues raised in the petition:		8A. Expiration date(s) of current agreement(s) (mm/dd/yyyy) covering any unit(s) affected by issues raised in the petition:	
9. Contact information of person filing petition:			
Name:	Title:	Address:	
Tel. #:	Ext.	E-mail:	
<p>10. I declare that I have read this petition and that the statements in it are true to the best of my knowledge and belief. I understand that making willfully false statements can be punished by fine and imprisonment, 18 U.S.C. § 1001. This petition was served on all parties known to be affected by issues raised in this petition.</p> <p>Please e-mail completed forms to LMR@ocwr.gov (preferred); or hand-deliver to Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or fax to (202) 426-1913.</p>			
_____	_____	_____	
Name (please print or type)	Signature	Date	

INSTRUCTIONS FOR COMPLETING PETITION FORM 1351d

General

Use this form if you want to file a petition pursuant to Section 220 of the Congressional Accountability Act (CAA). Refer to the Rules and Regulations of the Office of Congressional Workplace Rights (OCWR), Part 2422, for additional information on how to file a petition. The petition and supporting documentation may be filed via e-mail at LMR@ocwr.gov (preferred); or hand-deliver to Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or fax to (202) 426-1913. If you wish to file in person, a petition must be filed with the Office's Executive Director, along with a statement of any relevant facts not contained in the petition and a copy of all relevant correspondence relating to matters raised in the petition. Upon filing the petition, you must serve a copy of the petition and accompanying material (except for the showing of interest) on all affected parties. If additional space is needed, you may attach additional sheets numbered according to the box number(s) to which they pertain. The showing of interest and alphabetical list of names constituting such showing, as required by the CAA and the OCWR's Regulations for any petition seeking an election or petition seeking determination for dues allotment, must be filed with the petition, but may not be furnished to any other party.

Purpose of the Petition and Standing to File

- (A) Only a labor organization may file a petition to request:
 - (1) an election to determine if employees in an appropriate unit wish to be represented for the purpose of collective bargaining by an exclusive representative; and/or
 - (2) a determination of eligibility for dues allotment in an appropriate unit without an exclusive representative.

- (B) Only an individual may file a petition to request an election to determine if employees in a unit no longer wish to be represented for the purpose of collective bargaining by an exclusive representative.

Note: Petitions for the purposes described in (A) or (B) must be accompanied by a showing of interest or evidence of membership, as appropriate.

- (C) An employing office or labor organization, or an employing office and a labor organization jointly, may file a petition:
 - (1) to clarify or amend:
 - (i) a recognition or certification then in effect (for example, to change the name or affiliation of the recognized or certified exclusive representative or the name of the employing office; or to resolve questions related to the eligibility of employees for inclusion in the unit); and/or
 - (ii) any other matter relating to representation (for example, to resolve representation questions related to reorganization or realignment of employing office operations or issues related to the majority status of the currently recognized or certified labor organization); or
 - (2) to consolidate two or more units, with or without an election, in an employing office and for which a labor organization is the exclusive representative.

Instructions for filling out numbered boxes

#1. Provide a clear and concise statement of the purpose of the petition, the issues raised in the petition, and the results the petitioner seeks.

#2. Describe the unit(s) affected by issues raised in the petition. If the petitioner is seeking an election to determine the exclusive representative of an appropriate unit of employees and/or a determination for dues allotment, the description should include the geographic location and classifications of the employees sought to be included in, or excluded from, the unit. If the petitioner is seeking an election to determine if employees no longer wish to be represented for purposes of collective bargaining by an exclusive representative or to clarify, amend, or consolidate existing units, the petitioner should provide a description of the existing certification(s) or recognition(s). If more than one unit is affected, attach additional sheets.

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#3. State the approximate number of employees in the existing unit or the unit deemed to be appropriate; in a clarification or amendment, state the approximate number of employees in the units affected by issues raised in the petition.

#4. Identify whether a petition seeking an election is accompanied by a showing of interest of 30% of the employees in the unit claimed to be appropriate. Declare whether a petition for a determination for dues allotment is accompanied by evidence of membership of 10% of the employees in the unit claimed to be appropriate.

#5. Provide the name and mailing address for the petitioner and the contact person, including street and room number, city, state, and zip code; telephone number; and e-mail address (if known). If a labor organization petitioner is affiliated with a national organization, provide the local designation and the national affiliation.

#6. Provide the name and mailing address for each employing office or activity other than the petitioner affected by issues raised in the petition, including street and room number, city, state, and zip code. Also provide the name, mailing address, e-mail address (if available), and work telephone number of the contact person for each employing office or activity affected by issues raised in the petition.

#7. Provide the name and mailing address for each labor organization other than the petitioner affected by issues raised in the petition, including street and room number, city, state, and zip code. If a labor organization petitioner is affiliated with a national organization, provide the local designation and the national affiliation. Provide the name, mailing address, e-mail address (if available), and work telephone number of the contact person for each labor organization affected by issues raised in the petition.

#8. If the labor organization(s) named in box #5 or #7 is an exclusive representative of any of the employees affected by issues raised in the petition, provide the date(s) of the recognition or certification and the date(s) any collective bargaining agreement covering the unit(s) will expire, or recent agreement did expire, if known.

#9. Provide the name, title, telephone number, mailing address, and e-mail of the person filing the petition, including street and room number, city, state, and zip code.

#10. Type or print the name of the person filing the petition. The person filing the petition must also sign and date the petition before it is filed.