



STATE OF NEW HAMPSHIRE

PUBLIC EMPLOYEE LABOR RELATIONS BOARD

WRITTEN MAJORITY AUTHORIZATION-PETITION FOR CERTIFICATION

<p>File electronically at pelrb.info@nh.gov. If unable to file electronically, mail or deliver original with the PELRB at GAA Plaza, Building No. 1, 153 Manchester Street, Concord, New Hampshire 03301. Website: www.nh.gov/pelrb Ph. (603) 271-2587</p>	<p style="text-align: center;">AGENCY USE ONLY</p> <p>CASE NO: _____</p> <p>DATE FILED: _____</p>
--	--

1. **PETITIONER:** _____

Representative: _____ Title: _____

Address: _____

E-Mail Address: _____ Telephone (____) _____

2. **PUBLIC EMPLOYER:** _____

Representative: _____ Title: _____

Address: _____

E-Mail Address: _____ Telephone (____) _____

3. **DESCRIPTION OF UNIT:** _____

<u>POSITION TITLE</u>	<u>NUMBER OF EMPLOYEES</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXCLUSIONS (RSA 273-A:1, IX; RSA 273-A:8):

<u>POSITION TITLE</u>	<u>NUMBER OF EMPLOYEES/BASIS FOR EXCLUSION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total number of employees in proposed unit: _____

4. **BUDGET SUBMISSION DATE:** _____

5. **PETITIONER CERTIFIES** that:

_____ The employer agrees with the composition of the proposed unit; or

_____ The employer does not agree with the composition of the proposed unit.

6. **PETITION** must be supported by confidential written majority authorization cards which represent not less than the majority of the employees of the proposed unit.

7. **PETITIONER CERTIFIES** that:

_____ Petitioner elects to have the board determine the sufficiency of the written majority authorization cards; or

_____ Petitioner and the employer have agreed to have a neutral third party other than the board determine the sufficiency of the written majority authorization cards.

8. **NOTICE TO NEUTRAL THIRD PARTY:** You have been selected to determine the sufficiency of the written majority authorization cards in a confidential manner to determine whether a majority of the employees in the proposed bargaining unit have signed cards. Absent exceptional cause, you shall determine the sufficiency of the written majority authorization cards within 10 days of your appointment. Upon the completion of your examination, you shall complete a written Original Certification of Confidential Inspection of WMA Cards report utilizing the report form published by the PELRB. You shall deliver your original Certification of Confidential Inspection of WMA Cards and the original cards to the petitioner, and provide a copy of your Original Certification of Confidential Inspection of WMA Cards to the employer.

9. **NOTICE TO PUBLIC EMPLOYER:** Within 3 business days of the date the petitioner files the petition either with the board or with the neutral third party, the public employer shall file with the board or with the neutral third party, as appropriate, a written majority authorization employee list which contains the name, position, date of hire, and current employment status of all employees in the proposed bargaining unit.

10. **EXCEPTIONS, OBJECTIONS, AND PETITIONS TO INTERVENE** shall be filed with the Public Employee Labor Relations Board electronically at pelrb.info@nh.gov or by mail or other delivery to GAA Plaza, Building No. 1, 153 Manchester Street, Concord, New Hampshire, 03301 within 15 days of the date this petition is filed with the board.

11. Within 10 business days of a neutral third party's issuance of the Certification of Confidential Inspection of WMA Cards, the petitioner shall file with the board the original Certification of Confidential Inspection of WMA Cards, the original WMA petition, and the original WMA cards.

(Signature of Petitioner)

Signed this _____ day of _____, 20 ____.

12. This is to certify that the **PETITIONER** and the **PUBLIC EMPLOYER** have agreed to the composition of the proposed unit.

PETITIONER

PUBLIC EMPLOYER

(Name of Petitioner)

(Name of Employer)

(Representative's signature)

(Employer Representative's signature)

(Address)

(Address)

Certificate of Service

I hereby certify that a copy of this petition was provided:

Electronically

By Certified Mail

Hand Delivered

this _____ day of _____ to:

(Public Employer Representative)

Signed this _____ day of _____, 20 ____.

(Signature)