

PETITION FOR CERTIFICATION

Agricultural Labor Relations Board

K-ALRB 302 (3-23)

For Office Use Only

Case No.: _____

Date Filed: _____

Instructions: This form should be filed if you are petitioning the ALRB to conduct an election and certification of a labor organization as the exclusive bargaining representative of the employees identified herein. File an original and three (3) copies of this petition with the Agricultural Labor Relations Board (ALRB) at the address indicated at the bottom of this form. (Attach additional sheets as needed.) Said filing should be made in person or via certified mail.

The petitioner requests that the ALRB proceed under its authority pursuant to K.A.R. 12-2-7 through 12-2-11, to conduct a union certification election as soon as practicable.

Name of petitioner: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Affiliation, if any:

Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Representative of petitioner authorized to make agreements with the board and parties and accept service of papers:

Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Petitioner alleges and attests:

a. That the labor organization hereby petitioning for certification is in compliance with the filing requirements of K.S.A. Section 44-823(g).

b. That no valid election has been conducted among the agricultural employees of the employer named below within the past 12 months;

c. That no labor organization is currently certified as the exclusive collective bargaining representative of the agricultural employees of the employer named below; and

d. That the petition is not barred by an existing collective bargaining agreement between the employer and a certified union.

Employer Information:

Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Representative Information:

Name: _____

Phone: _____ Fax: _____ Email: _____

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Provide the nature of the employer's agricultural commodity or commodities encompassed by the unit:

The bargaining unit is all agricultural employees of the employer at the following locations:

Address _____ City _____ State _____ ZIP _____

Address _____ City _____ State _____ ZIP _____

Address _____ City _____ State _____ ZIP _____

Address _____ City _____ State _____ ZIP _____

Does the unit sought include all of the employer's agricultural employees in the state of Kansas?

YES NO

Are the agricultural employees of the employer employed in two or more non-contiguous geographical areas?

YES NO

Identify the labor organization petitioner seeks to have represent the employees of the employer:

Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____

Approximate No. of agricultural employees currently employed in the unit sought: _____

Is the petition accompanied by evidence of support by at least 30% of the employees in the unit, as is required by K.S.A. Section 44-823(d)? YES NO

Recognized or certified bargaining agent: (If there is none, check box) NONE

Name: _____

Address _____ City _____ State _____ ZIP _____

Certification date: _____

Is there now a strike at the employer's operation(s) involved? YES NO

If YES, approximately how many employees are participating? _____

Acknowledgment: I hereby acknowledge that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____
(Representative of person filing petition)

Printed name: _____ Title: _____

Address: _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ Email: _____