



**STATE OF HAWAII**  
**HAWAII LABOR RELATIONS BOARD**  
Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813  
**HLRB-1 PETITION FOR CERTIFICATION**

Case No. \_\_\_\_\_

File the original and five copies of this Petition, by U.S. Mail or in person, with the Hawaii Labor Relations Board, Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.

1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to Hawaii Revised Statutes Section 89-7, and its Administrative Rules, to determine the exclusive bargaining representative for the affected public employees by conducting an election among the employees of the appropriate bargaining unit and certifying the result of such election to the parties.

**2. Petitioner**

(a) Name, address and telephone number.

(b) Affiliation, if any.

(c) Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

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### 3. Public Employer Or Employers Of Bargaining Unit

(a) Name, address and telephone number.
(b) Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

### 4. Bargaining Unit

(a) Describe the claimed appropriate bargaining unit, specifying inclusions and exclusions.
(b) Indicate the approximate number of employees in the appropriate bargaining unit.

### 5. Provide the name and address of any known employee organizations other than Petitioner who claim to represent any of the employees in the claimed appropriate bargaining unit.

Name	Address	Affiliation

6. Is this Petition supported by 30 percent or more of the employees in the unit?  Yes  No

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7. Is the above-named public employer(s) a party (parties) to a contract setting forth the terms and conditions of employment for the affected employees?  Yes  No  
If so, please provide:

(a) Name of the other party or parties to the collective bargaining agreement.

(b) Expiration date of the collective bargaining agreement.

(c) The bargaining unit covered by the collective bargaining agreement.

8. Provide a clear and concise statement of any other relevant facts.

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STATE OF HAWAII                    )  
  )    ss.  
CITY AND COUNTY OF                )

\_\_\_\_\_, being first duly sworn on oath, deposes and says: that \_\_\_\_\_ is the Petitioner above named, or \_\_\_\_\_ representative, and that \_\_\_\_\_ has read the above Petition consisting of this and \_\_\_\_\_ additional page(s), and is familiar with the facts alleged therein, which facts \_\_\_\_\_ knows to be true, except as to those matters alleged on information and belief, which matters \_\_\_\_\_ believes to be true.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ Circuit  
State of Hawaii

My Commission expires: \_\_\_\_\_