



STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD
Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813
**HLRB-2 PETITION FOR CLARIFICATION OR AMENDMENT OF
APPROPRIATE BARGAINING UNIT**

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 under its proper authority pursuant to the Hawaii Revised Statutes Section 89-6, and its Administrative Rules, to clarify or amend the appropriate bargaining or optional appropriate bargaining unit herein named.

2. Petitioner (Exclusive Representative or Public Employer)

(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.

3. Exclusive Representative Or Public Employer

(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. Describe the appropriate bargaining unit.

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5. Indicate the proposed clarification or amendment.

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6. Provide a statement setting forth reasons why clarification or amendment is requested.

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

[Empty rectangular box for providing a clear and concise statement of any other relevant facts.]

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: _____