

ALASKA LABOR RELATIONS AGENCY  
 1016 WEST 6<sup>th</sup> AVENUE, SUITE 403  
 ANCHORAGE, ALASKA 99501-1963  
 (907) 269-4895 Fax (907) 269-4898

PETITION FOR UNIT AMENDMENT  
 8 AAC 97.050(a)(2)

AMENDMENT OF CERTIFICATION IS FILED TO  
 REFLECT CHANGED CIRCUMSTANCES, INCLUDING A  
 CHANGE IN NAME, AFFILIATION, SITE, OR LOCATION.

Office use only	
Case No.      -AC	Date Filed:

INSTRUCTIONS: File an original and one (1) copy of this petition with the Alaska Labor Relations Agency at the above address. Attach two (2) copies of the supporting documentation. Serve a copy of this petition and attachments on the employer or labor organization, as appropriate.

1a. Name of Employer:	1b. Phone  FAX Nos.:  E-mail:
1c. Address (street, city, state, and ZIP code)	1d. Employer Representative:
2a. Name of currently recognized or certified bargaining agent and affiliation:	2b. Phone/  FAX Nos.:  E-mail:
2c. Address (street, city, state, and ZIP code):	2d. Contact Person (Name & Title):
2e. Expiration date of current contract, if any:	
3. Other employee organizations known to have an interest in representing any employees described in item four (4).	
Name	Affiliation
Address	Contact Person
Phone/Fax Nos.	
4. AC - Unit Amendment - Petitioner seeks amendment of the following unit:	
a. Name of unit:	
b. Unit previously certified <input type="checkbox"/> yes; <input type="checkbox"/> no. Date of any certification:	
c. Number of employees in the unit:	

4. continued from page 1.

d. Approximate number of employees employed by the public employer:

e. Describe unit:

f. Proposed change:

5. Reason for amendment:

6. DECLARATION

I declare that I have read the above statements and that the statements are true to the best of my knowledge and belief.

By: \_\_\_\_\_  
(Signature) (Title) (Date)

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_ a true and correct copy of the foregoing was mailed or hand delivered (circle one) to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Please include names of the individuals served, including employer representative or labor organization representative.)

\_\_\_\_\_  
Signature