



STATE OF MARYLAND  
STATE LABOR RELATIONS BOARD

CLARIFICATION/CONTEST OF UNIT DESIGNATION  
PETITION

45 Calvert Street, Room 102  
Annapolis, MD 21401  
Telephone: (410) 260-7291  
Fax: (410) 267-7014

Complete Sections 1 through 5. Please type or clearly print.  
See instructions on back.

**DO NOT WRITE IN THIS SPACE**

CASE NO.

DATE FILED:

**1. STATE EMPLOYER**

Full Name:		County:
Address of Employer (Street and Number, City, State and Zip Code):		Telephone No.
Name and Title of Representative to Contact:		
Attorney/Consultant Representing State Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

**2. MAJORITY ORGANIZATION**

Full Name:		
Address of Majority Organization (Street and Number, City, State and Zip Code):		Telephone No.
Name and Title of Representative to Contact:		
Attorney/Consultant Representing Majority Organization (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

**3. EMPLOYEE ORGANIZATION(S) OTHER THAN THE CURRENT MAJORITY ORGANIZATION WHICH MAY HAVE AN INTEREST IN THIS PETITION** *(Attach additional sheets if necessary)*

Organization Name:	Organization Address (Street and Number, City, State and Zip Code):
Person to Contact and Title:	Telephone No.

<b>4. COLLECTIVE BARGAINING UNIT</b>		
Included:		
Excluded:		
Expiration date of current contract, if any: _____		Approximate number of employees in unit _____
Titles/Positions to be included excluded (check one):		Number of employees: _____
Reasons for the proposed clarification or unit or contest of unit designation:		

<b>5. DECLARATION</b>		
Name of Petitioner: _____		
I declare that I have read the above petition and that, understanding the penalties of perjury, the information is true, based upon knowledge, information, and belief.		
By _____		Date: _____
<b>(Signature of Authorized Representative)</b>	<b>(Title)</b>	

**INSTRUCTIONS FOR FILING A  
CLARIFICATION/CONTEST OF UNIT DESIGNATION PETITION**

1. The purpose of filing this petition is to: (1) seek clarification of the composition of an existing collective negotiations unit or (2) contest exclusion(s) from, or inclusion(s) in, a represented bargaining unit. ONLY the exclusive representative (majority employee organization), the State institution employer of the unit in which clarification is sought or an affected employee may file a petition.
2. Type or clearly print all required information. Fill in all sections of the petition. Failure to provide all information required by COMAR 14.32.03.05 may delay processing of the petition. If you believe that a section of the petition does not apply to your situation, mark the section "N/A" or "none." If you need more space to complete any section, attach additional sheets and number them accordingly.
3. List and explain fully the reasons for the proposed clarification/contest which may include:
  - a) Changed circumstances
  - b) Creation of a new position or title
  - c) The addition or elimination of duties or responsibilities
  - d) Statutory exclusions or inclusions
  - e) Changes in the definition of managerial, supervisory or confidential employee pursuant to State Personnel and Pensions Article, Title 3, §3-102(b)(11).
  - f) Any other reasons why you believe this petition is appropriate
4. Failure to state the reasons in support of this petition will result in its dismissal.
5. Sign the petition. Submit the original and two (2) copies to the Board Office:

**Maryland State Labor Relations Boards  
45 Calvert Street, Room 102  
Annapolis, MD 21401**