



**STATE OF MARYLAND
STATE HIGHER EDUCATION LABOR RELATIONS BOARD
DECERTIFICATION/CERTIFICATION PETITION**

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

COMAR 14.30.04.11

**Complete Sections 1 through 6. 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):		Name and Title of Representative to Contact: Telephone No.
Attorney/Consultant Representing State Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

2. PETITIONER

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

3. CURRENT MAJORITY ORGANIZATION

Full Name:		Expiration Date of any existing contract
Address of Majority Organization (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact: Telephone No.

Attorney/Consultant Representing Majority Organization (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.
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4. 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.

5. PETITION FOR DECERTIFICATION *(Check appropriate box(es). See instructions on back)*

Description of the unit to be decertified/certified:	Number of employees in unit: _____
Included:	
Excluded:	

6. DECLARATION

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:** _____
(Signature of Authorized Representative) **(Title)**

**INSTRUCTIONS FOR FILING
A DECERTIFICATION/CERTIFICATION PETITION**

WHO MAY FILE

An employee organization may file a decertification/certification petition for a particular bargaining unit that has an incumbent representative in place. You must provide a statement that the current representative no longer represents the majority of employees in the bargaining unit you describe in this petition and that the petitioning organization upon election may be certified to represent the unit instead.

WHAT TO FILE

Decertification/Certification Petition

Submit an original showing of interest (no photocopies) signed by at least 30% of the employees in the current unit. Normally, this showing of interest must be signed and dated by employees within one (1) year of filing the petition. The showing of interest shall state that these employees no longer desire to be represented for the purpose of collective bargaining by the current majority representative, but that they do wish to be represented by the current petitioner.

See COMAR 14.30.04.11

WHEN TO FILE

A timely petition may only be filed during certain periods. See COMAR 14.30.04.11 and 14.30.04.11B. A petition is filed only when the Executive Director receives a validly completed, signed petition accompanied by a valid showing of interest in accordance with COMAR 14.30.01, et seq.

Please note that the window for filing a decertification/certification petition is:

1. At least two years after an exclusive representation election in the bargaining unit
2. Within 120 and 90 days from the expiration of a current (three year term) Memorandum of Understanding

HOW TO FILE

1. Type or clearly print all requested information.
2. If you need more space to complete any item, attach additional sheets and number them accordingly.
3. Fill in all sections 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". Failure to provide all information required by COMAR 14.30.04.11 and this petition may delay processing of the petition.
4. Sign the petition. Submit the original and two (2) copies of the petition and the appropriate showing of interest to:

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