

## Collective Bargaining by County Employees Act PETITION FOR COLLECTIVE BARGAINING UNIT ELECTION

Under the <u>Collective Bargaining by County Employees Act</u> ("COBCA"), C.R.S. § 8-3.3-101 et seq., and <u>COBCA Rule 4</u>, the Petitioner requests that the Colorado Division of Labor Standards and Statistics conduct an election among the employees in the proposed collective bargaining unit for selection of an exclusive representative. For further information, refer to the <u>COBCA Rules</u> and <u>INFO #15B</u>. If necessary, use and attach additional pages.

State		Zip Code		
1	Email Address	1		
Section II: Authorized Representative (if applicable)				
Authorized Representative Name				
Authorized Representative Mailing Address				
Authorized Representative Telephone Number		Authorized Representative Email Address		
Section III: County Employer				
Name of County or County Entity				
Full Name and Title of County Representative Mailing Address				
	State ative (if applicable dress Number	State Email Address ative (if applicable) dress Number Authorized Represe entative		

City	State		Zip Code
Telephone Number		Email Address	

Section IV: Description of Proposed Collective Bargaining Unit
Before completing Section IV, refer to C.R.S. § 8-3.3-102(1) and -110 for guidance on the scope of the
bargaining unit and inclusion or exclusion of positions.
1. INCLUDED: (specify by title or type)

Colorado Division of Labor Standards and Statistics | 633 17th Street | Denver, Colorado 80202-2107 Main: (303) 318-8441 | Toll Free: 1-888-390-7936 | Fax: (303) 318-8400 | Email: <u>cdle\_labor\_standards@state.co.us</u>

2. EXCLUDED: (specify by title or type)
3. APPROXIMATE NUMBER OF EMPLOYEES IN THE PROPOSED UNIT:
4. ARE ANY OF THE EMPLOYEES IN THE PROPOSED UNIT CURRENTLY REPRESENTED BY AN
EMPLOYEE ORGANIZATION? YES $\Box$ NO $\Box$
If yes, please provide the following: Current Employee Organization:
Employee Organization Representative:
Mailing Address:
City, State, Zip:
Telephone number:
Email:
5. IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? YES D NO
If yes, please provide the following:
Effective date of agreement:
Expiration date of agreement:
Furnish a copy of the Collective Bargaining Agreement or explain below why a copy is not available.

## **DECLARATION AND CERTIFICATION**

I declare under penalty of perjury § 18-8-501 et seq., C.R.S. that the contents of this Petition for Collective Bargaining Unit Election and the statements contained herein are true and correct to the best of my knowledge and belief.

I also certify that a showing of interest — demonstrating that at least 30% of the county employees in the proposed bargaining unit desire to be represented by an employee organization — was filed with this petition in accordance with <u>C.R.S. § 8-3.3-108(1)(a)</u> and the <u>COBCA Rules</u>.

Signature of Petitioner

Date

Print or Type Name of Petitioner

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