



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

Under the [Collective Bargaining by County Employees Act](#) ("COBCA"), C.R.S. § 8-3.3-101 et seq., and [COBCA Rule 4](#), 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 [COBCA Rules](#) and [INFO #15B](#). If necessary, use and attach additional pages.

<b>Section I: Petitioner</b> (check one)    EMPLOYEE <input type="checkbox"/> EMPLOYEE ORGANIZATION <input type="checkbox"/> EMPLOYER <input type="checkbox"/>		
Full Name of Petitioner		
Mailing Address		
City	State	Zip Code
Telephone Number	Email Address	

<b>Section II: Authorized Representative</b> (if applicable)	
Authorized Representative Name	
Authorized Representative Mailing Address	
Authorized Representative Telephone Number	Authorized Representative Email Address

<b>Section III: County Employer</b>		
Name of County or County Entity		
Full Name and Title of County Representative		
Mailing Address		
City	State	Zip Code
Telephone Number	Email Address	

<b>Section IV: Description of Proposed Collective Bargaining Unit</b>
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.
<b>1. INCLUDED:</b> (specify by title or type)

**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 ☐ NO ☐

*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 ☐ 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 [C.R.S. § 8-3.3-108\(1\)\(a\)](#) and the [COBCA Rules](#).

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Petitioner