

DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF LABOR STANDARDS AND STATISTICS
633 17th Street, Suite 600
DENVER, COLORADO 80202-2107

File No _____

EMPLOYER'S PETITION
PETITION FOR AN ELECTION AND REFERENDUM
TO REVOKE AN ALL-UNION AGREEMENT

The undersigned hereby requests the Division of Labor Standards and Statistics to conduct an election and referendum to determine whether or not the employees of the employer herein desire to revoke an All-Union Agreement between their employer and their Collective Bargaining Unit. (C.R.S. 8-3-108 (1) (c) (III) (B))

1. THE EMPLOYER IS:

Name: _____

Address: _____

The Employer is: _____
(Corporation, partnership, individual) (No. Employees)

The employer concerned is a unit in a state* or nationwide* organization and the address of the principal office is:

2. THE PRESENT REPRESENTATIVE OF BARGAINING UNIT IS: (Labor Org.)

Name: _____

Address: _____

Agent to be notified: _____

Address: _____

The Bargaining Unit is the properly certified Bargaining Unit for the employees concerned and was duly certified by _____ as such on _____, ____ 20__.

The Bargaining Unit for which the petition for election is filed represents the employees generally*, only certain crafts or departments*. The crafts or departments involved are:

The current agreement expires on the following date: _____

The address of each plant or division and the number of employees in each is:

(Plant name and address)

(Number Eligible)

(* strike through the one not applicable.)

FILE THIS FORM IN DUPLICATE

3. **EMPLOYEES ELIGIBLE TO PARTICIPATE IN THE ELECTION:**

The classes of employees eligible to participate in the All-Union Agreement election are:

4. **TIME OF ELECTION:**

It is believed an election can best be held on a

_____ (Day of week) _____ (Hour)

Attached for the use of the Division of Labor Standards and Statistics is a list of all employees, so far as they are known to the petitioner, who are eligible to vote at the election.

The petition is filed by me as representative of the employer.

Dated at _____, Colorado, this ____ day of _____ 20__.

Signature

VERIFICATION

Personally appeared before me _____, the petitioner. Subscribed to before me a Notary Public in and for the County of _____, State of Colorado, this ____ day of _____, 20__.

(Signature of Notary)

(Address)

My commission expires

FILE THIS FORM IN DUPLICATE