



MARYLAND
STATE OF MARYLAND
PUBLIC EMPLOYEE RELATIONS BOARD
DECERTIFICATION PETITION

45 Calvert Street
Suite 102
Annapolis, MD 21401

Complete Sections 1 through 6. Please type or clearly print.
See instructions following form.

PERB OFFICE USE:

CASE NUMBER:

DATE FILED:

**SHOWING OF INTEREST
FILED:**

1. PUBLIC EMPLOYER

Full Name:

County (if public schools):

Address of Employer (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No. & Email:

Attorney or Other Representative of Public Employer (if any):

Attorney or Representative Address (Street and
Number, City, State and Zip Code):

Telephone No. & Email:

2. PETITIONER

Full Name:

Address of Petitioner (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No. & Email:

Attorney or Other Representative of Petitioner (if any):

Attorney or Other Representative Address (Street and
Number, City, State and Zip Code):

Telephone No. & Email:

3. CURRENT REPRESENTATIVE

Full Name:

Expiration Date of Existing Contract/MOU

Address of Current Representative Organization
(Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No. & Email:

Attorney or Other Representative of Current Representative Organization (if any):	Attorney or Other Representative (Street and Number, City, State and Zip Code):	Telephone No. & Email:
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4. EMPLOYEE ORGANIZATION(S) OTHER THAN THE CURRENT REPRESENTATIVE WHICH MAY HAVE AN INTEREST IN THIS PETITION <i>(Attach additional sheets if necessary)</i>	
Organization Name:	Organization Address (Street and Number, City, State and Zip Code):
Person to Contact and Title:	Telephone No.

5. PETITION FOR DECERTIFICATION
Description of the unit where Exclusive Representative is to be decertified: 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 PETITION

WHO MAY FILE

A decertification petition may be filed by an employee, or by an employee organization acting on behalf of employees, covered under the MD Public Employee Relations Act, State Government Article 22, and either the State Personnel & Pensions Article §3-102, or the State Education Article §§6-401, 6-501, or 16-701.

WHAT TO FILE

Decertification Petition

1. If you desire to decertify a currently recognized “exclusive representative (Union)” for a bargaining unit of employees, you may file a petition for decertification.
2. Submit an original showing of interest (handwritten or electronic) that the Union be decertified, signed by at least thirty percent (30%) of the employees in the bargaining unit. An acceptable showing of interest is:

A signed handwritten or electronic document, card or petition stating that the person signing is in the currently represented unit and wishes to have the current exclusive representative for that unit decertified. The showing of interest must be signed and dated within the immediate nine- month period before the petition is filed.

WHEN TO FILE

1. A decertification petition may be filed only if no agreement is in effect between the parties or, if such an agreement is in effect, the petition is filed not more than 120 days nor less than 90 days prior to the expiration of that agreement.
2. A decertification petition may not be filed for a bargaining unit within 2 years following the final date of a previous election conducted for that bargaining unit.
3. A petition is filed when the Executive Director receives a validly completed, signed petition accompanied by a showing of interest in accordance with State Government Article §22-402.
4. As soon as practicable after the petition is filed, the Executive Director shall send the petition to the public employer.

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 the information required may delay processing of the petition.
4. Sign the petition. Submit the petition and the appropriate showing of interest to either of the following:

Electronic Mail: perb.filings@maryland.gov

Postal Mail: Maryland Public Employee Relations Board
45 Calvert Street, Suite 102
Annapolis, MD 21401