## ALASKA LABOR RELATIONS AGENCY 3301 EAGLE STREET, SUITE 206 **ANCHORAGE, ALASKA 99503** (907)269-4895 FAX (907)269-4898

Office use only			
Case No.	SP	Date filed:	

## PETITION TO DETERMINE STRIKE CLASS

INSTRUCTIONS: Submit an original and one copy of this petition to the Alaska Labor Relations Agency. Serve a copy of this petition and attachments on the employer or labor organization, as appropriate, and any employee whose position is the subject of the The petitioner seeks determination of the strike classification under AS 23.40.200 of members of a bargaining unit, as provided in 8 AAC 97.260. **PETITIONER:** 2. **RESPONDENT:** 1. Name of organization: Name of organization: Contact Person: Contact Person: Address: Address: Telephone No.\_\_\_\_\_ Telephone No. Facsimile No.\_\_\_\_\_ Facsimile No. E-mail: E-mail: \_\_\_\_\_ 3. Name or description of the bargaining unit: 4. Date of certification or recognition of bargaining representative: 5. **Expiration date of collective bargaining agreement:** 6. Names and positions of unit members for whom determination is sought:

7. Proposed classification under AS 23.40.200:	
8. Reasons supporting proposed classification:	
9. I declare that I have read the above petition and that the statements are true to the best of my	
knowledge and belief.	
BY:	
(Signature of Representative or Person filing petition)	
Print Name:	
Title: Date:	
I certify on (date) that I mailed or hand delivered (circle one) a true	
and correct copy of this petition to respondent (name; include Attorney General and Commissioner of Administration, if respondent is	
(name; include Attorney General and Commissioner of Administration, if respondent is	
State of Alaska) and to(name of all employees whose position is the subject of this petition)	
an employees whose position is the subject of this petition)	
Signature	