



Authority: PA 380 of 1965,
as amended



PETITION FOR REPRESENTATION PROCEEDINGS
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
EMPLOYMENT RELATIONS COMMISSION (MERC) LABOR RELATIONS DIVISION

Completion: Mandatory
Penalty: Case will not be opened
if this form is not used.

INSTRUCTIONS: Submit an original and 4 copies of this Petition to: Employment Relations Commission, Cadillac Place, 3026 W. Grand Boulevard, Suite 2-750, PO Box 02988 Detroit MI 48202-2988. (Use additional sheets if necessary)	DO NOT WRITE IN THIS SPACE	
	Case Number:	Date Filed:

1. Purpose of this Petition: (Check only the one box which is appropriate.)

- A. ☒ **RC — CERTIFICATION OF REPRESENTATIVE** — A majority of the employees in the unit wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees for purposes of collective bargaining. (An original showing of interest by 30% or more of the employees in the unit must accompany this form or be submitted within 48 hours of filing.)
- B. ☐ **RM — REPRESENTATION (EMPLOYER)** — One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- C. ☐ **RD — DECERTIFICATION** — A majority of the employees in the unit claim that the certified or currently recognized bargaining representative is no longer their representative. (An original showing of interest by 30% or more of the employees in the unit must accompany this form or be submitted within 48 hours of filing.)
- D. ☐ **SD — SELF-DETERMINATION** — Multiple units represented by the same labor organization and same employer seek to be represented in one unit. (No showing of interest required.)
- E. ☐ **UC — UNIT CLARIFICATION** — A labor organization is currently recognized by the employer, but Petitioner seeks clarification of placement of certain positions. (A petition for unit clarification does not raise a question concerning representation and cannot be used where an RC or RM petition is appropriate.)

2. Name and Address of Employer: Houghton County Medicare Facility 1100 Quincy Street Hancock, MI 49930		Attn: Tammi Lehto Administrator
3. Type of Employer: (Check appropriate box) <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Private		
4. Description of Claimed Bargaining Unit Involved: (Attach additional sheets if necessary.) For UC petition, describe current bargaining unit and attach specific description of proposed clarification. INCLUDED: All employees EXCLUDED: Registered Nurses, Licensed Practical Nurses in Charge, Confidential and Supervisory Employees		5. Approximate Number of Employees in Unit: 210
		6. Date of Demand for Recognition: Petition serves as request Date Employer Declined Recognition:
7. Name and Address of any Other Labor Organizations or Parties that May Claim an Interest in Representing the Employees Described in Item 4 Above (If NONE, so state): AFSCME Council 25 1034 North Washington Avenue Lansing, MI 48906		Date of Recognition or Certification: Date of Claim: (Required only if RM Petition)
8. Date of Expiration of Current Contract, if any: Month: 9 Day: 30 Year: 2016		
I HAVE READ THE ABOVE PETITION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
Petitioner and Affiliation: Technical, Professional and Officeworkers Association of Michigan		Title: Director of Member Services
Name of Representative or Person Filing Petition 		Email: poam@poam.net
Signature:  Printed: Ed Jacques		Telephone No.: (313) 937-9000
Address: 27056 Joy Road, Redford, MI 48239		Fax No.: (313) 937-9165

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

BER (9/11)