ALASKA LABOR RELATIONS AGENCY
3301 EAGLE STREET, SUITE 206
ANCHORAGE, ALASKA 99503
(907)269-4895 FAX (907)269-4898
labor.relations@alaska.gov

Office use only	
Case No. **SP**	**Date filed:**

PETITION TO DETERMINE STRIKE CLASS

INSTRUCTIONS: Submit an original 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 petition.

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.

1. PETITIONER:	**2. RESPONDENT:**
Name of organization:_____	**Name of organization:**_____
Contact Person:_____	**Contact Person:**_____
Title:_____	**Title:**_____
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, emailed, 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 State of Alaska) and to_____(name of all employees whose position is the subject of this petition)

_____
Signature