

**JOINT REQUEST FOR
VOLUNTARY CARD CHECK**

*TO DETERMINE APPROPRIATENESS OF A JOINT REQUEST FOR
CERTIFICATION OF A BARGAINING UNIT BASED ON MAJORITY INTEREST*

Date of Submission

Name of Public Employer

Name of Employee Organization / Union

Street Address

Street Address

City / Municipality - Zip Code

City / Municipality - Zip Code

Name of Employer Representative

Name of Employee Representative

Telephone Number

Telephone Number

Email Address

Email Address

Employee Work Activity

Number of Employees in Proposed Unit

Employer Representative Signature

Employee Representative Signature

Email Completed Form to RA-LIBMED@pa.gov