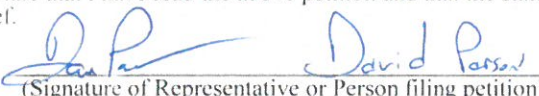
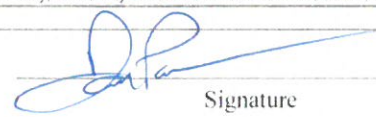


**ALASKA LABOR RELATIONS AGENCY**  
**3301 EAGLE STREET, SUITE 206**  
**ANCHORAGE, ALASKA 99503**  
**(907) 269-4895 FAX (907) 269-4898**

OFFICE USE ONLY	<b>LABOR ORGANIZATION REPRESENTATION PETITION</b>
DATE FILED:	
ALRA Case No.	
<p>INSTRUCTIONS: Submit an original and one copy of this petition, and two copies of a current roster of labor or employee organization's officers and representatives, constitution, and bylaws to the Alaska Labor Relations Agency. For assistance, contact our hearing officer at (907) 269-4895, Fax (907) 269-4898.</p> <p>The petitioner alleges that the following circumstances exist and requests that the Alaska Labor Relations Agency proceed under AS 23.40.100 of the Public Employment Relations Act or AS 42.40.750 for the Alaska Railroad Corporation Act.</p> <p>(If more space is required, attach additional sheets.)</p>	
<p>1. PURPOSE OF THIS PETITION (Check all applicable):</p> <p><input checked="" type="checkbox"/> RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as a representative of the employees. This petition must be accompanied by a current roster of Petitioner's officers and representatives and Petitioner's constitution and bylaws.</p> <p><input type="checkbox"/> RD-DECERTIFICATION - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.</p>	
<p>2. LABOR ORGANIZATION (Petitioner):</p> <p>Name and affiliation(s), if any, of petitioner:  <u>Alaska Graduate Workers Association / United Automobile,</u>  <u>Aerospace and Agricultural Workers of America (AGWA/UAW)</u></p> <p>Address: <u>2633 Eastlake Ave E, Ste. 200</u></p> <p>Telephone No.: <u>206.604.1522</u></p> <p>FAX No.: <u>888.457.7424</u></p> <p>E-mail: <u>dparsons@uaw.net</u></p>	<p>3. EMPLOYER (Respondent):</p> <p>Name of employer: <u>University of Alaska</u></p> <p>Address: <u>PO Box 755140 / Fairbanks, AK 99775</u></p> <p>Approximate number of employees: <u>6,225</u></p> <p>Person to contact and title, if known:  <u>Tara Ferguson, Director, Labor and Employee Relations</u></p> <p>Telephone No.: <u>907.450.8217</u></p> <p>FAX No.: _____</p> <p>E-mail: <u>tferguson@alaska.edu</u></p>
<p>4. Describe proposed unit by providing position classifications and work locations for employees to be included and excluded. For RD, also describe existing unit.</p> <p>Included:  <u>See attached.</u></p> <p>Excluded:  <u>See attached.</u></p>	

5a. Number of employees in proposed unit: <b>500</b>	5b. Is this petition supported by 30 percent of the employees in the proposed unit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Serve showing of interest support on Agency only.)		
6. RD: Name of Recognized or Certified Bargaining Agent & Affiliation: _____ Address & Telephone No. _____ Date of Recognition or Certification: _____			
7. If the petitioner proposes to sever a bargaining unit from an existing unit, the petitioner <u>must</u> state: a. Why the employees are not receiving adequate representation with the existing unit: b. Whether the employees in the proposed unit are employed in jobs which have traditionally been represented by their own representative: c. Why the employees in the proposed unit have a community of interest that is not identical to that of employees in the existing unit: d. How long the employees in the proposed bargaining unit have been represented as a part of the existing unit: e. Why the grant of the petition will not promote excessive fragmentation of the existing bargaining unit:			
8. RD: Expiration date of current collective bargaining agreement, if any (month, day, year)	9. RD: Execution date of collective bargaining agreement, if any (month, day, year)		
10. Organizations or individuals other than Petitioner (other than those named in item 6 above), that have claimed recognition as bargaining representatives and any other organizations or individuals known to have an interest in representing any employees in unit described in item 4 above.			
Name	Affiliation	Address	Date of Claim
<p>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</p> <p>BY:  <u>David Parson</u> (Signature of Representative or Person filing petition)</p> <p>Title: <u>International Representative</u> Date: <u>2/22/23</u></p> <p>This is to <u>certify that on this 22nd</u> day of <u>February</u> a true and correct copy of the foregoing was mailed or <u>hand delivered</u> (circle one) to respondent and all other parties involved.</p> <p>List the name and address of each party served. <u>Pat Pitney, University of Alaska Office of the President, Butrovich Building, Ste 202</u> <small>2025 Yukon Drive / P.O. Box 755000 / Fairbanks, AK 99775-5000</small></p> <p style="text-align: right;"> Signature</p> <p><b>**NOTE: (You must serve this petition on all other parties involved; including the Union in a decertification petition).</b></p>			

4. Describe proposed unit by providing position classifications and work locations for employees to be included and excluded:

**Included:**

All employees of the University of Alaska who are enrolled in graduate academic programs, including Fellows.

**Not Included:**

Any individuals in the faculty bargaining unit (United Academics) or in the adjunct faculty bargaining unit (United Academic Adjuncts); all undergraduate student employees; supervisors; confidential employees; all other employees of the University.

**Work locations:**

All University of Alaska work locations.