

ALASKA LABOR RELATIONS AGENCY
 1016 WEST 6th AVENUE, SUITE 403
 ANCHORAGE, ALASKA 99501-1963
 (907) 269-4895 Fax (907) 269-4898

Office use only	PETITION FOR UNIT CLARIFICATION 8 AAC 97.050						
Case No.: _____ -uc	Date Filed: _____						
<p>INSTRUCTIONS: File an original and one (1) copy of this petition with the Alaska Labor Relations Agency at the above address. Attach two (2) copies of the current job class specification, position description questionnaire (PDQ), classification memorandum, or other supporting documents. 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</p>							
1a. Name of Employer: University of Alaska	907-450-8230 1b. Phone/Fax Nos.: 907-450-8231 fax						
1c. Address (street, city, state, and ZIP code): 211 Butrovich Bldg Fairbanks, AK 99775	1d. Employer Representative: Kris Racina						
2a. Name of currently recognized or certified bargaining agent and affiliation: ACCFT	2b. Phone/Fax Nos.: 907-562-2660 907-786-4095 fax						
2c. Address (street, city, state, and ZIP code): 3211 Providence Dr., PSB-214 Anchorage, AK 99508-4670	2d. Contact Person (Name & Title): Patricia Jenkins						
2e. Expiration date of current contract, if any: 2007							
3. Other employee organizations known to have an interest in representing any employees described in item 4: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">United Academics, 3211 Providence Dr</td> <td style="width: 30%;">Carl Shepro</td> <td style="width: 40%;">907-786-6490</td> </tr> <tr> <td>Name/Affiliation</td> <td>Address PSB-202 Anchorage, AK 99508</td> <td>Contact Person Phone/Fax Nos. 907-786-6491 fax</td> </tr> </table>		United Academics, 3211 Providence Dr	Carl Shepro	907-786-6490	Name/Affiliation	Address PSB-202 Anchorage, AK 99508	Contact Person Phone/Fax Nos. 907-786-6491 fax
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Name/Affiliation	Address PSB-202 Anchorage, AK 99508	Contact Person Phone/Fax Nos. 907-786-6491 fax					
4. UC - Unit Clarification - Petitioner Seeks Clarification Of The Following Unit:							
a. Name of unit: ACCFT and UNITED ACADEMICS							
b. Unit previously certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date of any certification: See Attached Statement							
c. Number of employees in the unit: See Attached Statement							
d. Approximate number of employees employed by the public employer: See Attached Statement							
e. Describe unit: See Attached Statement							
(continued on page 2)							

4. (continued)

f. Proposed Change: See Attached Statement

Employee ID (PCN if state employee): _____ Current job class title: _____

Proposed job class title, if appropriate: _____

Incumbent's name: _____ Work location: _____

Mailing address: _____ Name of incumbent's supervisor: _____

Supervisor's mailing address: _____

(Attach supplement if more than one employee is affected.)

5. Reason for clarification: See Attached Statement

6. Description of job duties of affected position (may substitute position description, such as State P.D.Q.):

Faculty members at the main campuses who teach upper division courses.

7. DECLARATION

I declare that I have read the above statements and that the statements are true to the best of my knowledge and belief.

<u>Kristina Racina</u>	<u>Director, SW Labor &</u>	<u>11/2/07</u>
Signature	Title Empl. Relations	Date
<u>211 Butrovich Bldg, Fairbanks, AK 99775</u>	<u>907-450-8230</u>	
Address	Telephone Number	

This is to certify that on this 2nd day of November a true and correct copy of the foregoing was mailed or hand delivered (circle one) to:

(Please include names of the individuals served, including the public employee and employer representative, and affected employee(s)).

Signature