# Appendices

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More recent updated copies of FLRA forms provided in this Appendices, as well as negotiability forms, can be obtained from FLRA's INTERNET website.
# FLRA Regional Offices and Areas Served

## Atlanta Region
Federal Labor Relations Authority  
Marquis Two Tower - Suite 701  
285 Peachtree Center Avenue  
Atlanta, GA 30303-1270  
Telephone: (404) 331-5212  
FAX: (404) 331-5280  

Alabama, Florida, Georgia, Mississippi, South Carolina and the Virgin Islands.

## Boston Region
Federal Labor Relations Authority  
99 Summer Street, Suite 1500  
Boston, MA 02110-1200  
Telephone: (617) 424-5730  
FAX: (617) 424-5743  


## Chicago Region
Federal Labor Relations Authority  
55 West Monroe, Suite 1150  
Chicago, IL 60603-9729  
Telephone: (312) 353-6306  
FAX: (312) 886-5977  

Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, North Dakota, Ohio, Tennessee, and Wisconsin.

## Dallas Region
Federal Labor Relations Authority  
525 Griffin Street, Suite 926  
Dallas, TX 75202-1906  
Telephone: (214) 767-4906  
FAX: (214) 767-0156  

Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and Panama (limited FLRA jurisdiction).

## Denver Region
Federal Labor Relations Authority  
1244 Speer Blvd., Suite 100  
Denver, CO 80204-3581  
Telephone: (303) 844-5224  
FAX: (303) 844-2774  

Arizona, Colorado, Kansas, Missouri, Montana, Nebraska, South Dakota, Utah, and Wyoming.

## San Francisco Region
Federal Labor Relations Authority  
901 Market Street, Suite 220  
San Francisco, CA 94103-1791  
Telephone: (415) 356-5000  
FAX: (415) 356-5017  

Alaska, California, Hawaii, Idaho, Nevada, Oregon, Washington, and all land and water areas west of the continents of North and South America (except coastal islands) to long 90° E.

## Washington, D.C. Region
Federal Labor Relations Authority  
Tech World Plaza  
800 K Street, NW, Suite 910 N  
Washington, DC 20001  
Telephone: (202) 482-6700  
FAX: (202) 482-6724  

Delaware, District of Columbia, Maryland, North Carolina, Virginia, West Virginia, and all land and water areas east of the continents of North and South America to long 90° E., except the Virgin Islands, Panama (limited FLRA jurisdiction), Puerto Rico and coastal islands.
Appendix E

FLRA Headquarters Locations Information

The FLRA Headquarters is located at 607 Fourteenth St., NW, Washington, DC 20424-0001. Telephone: (202) 482-6560; FAX: (202) 482-6659.

Documents filed in cases before the Authority shall be filed with the Director, Case Control Office, Federal Labor Relations Authority, Docket Room Suite 415, 607 Fourteenth St., NW, Washington DC 20424-0001. Telephone: (202) 482-6564; FAX: (202) 482-6657.

The Office address of the General Counsel of the Federal Labor Relations Authority is Office of the General Counsel, 607 Fourteenth St., NW, Washington, DC 20424-0001. Telephone: (202) 482-6600; FAX: (202) 482-6608.

The Office address of the Chief Administrative Law Judge of the Federal Labor Relations Authority is Chief Administrative Law Judge, 607 Fourteenth St., NW, Washington, DC 20424-0001. Telephone: (202) 482-6630; Fax: (202) 482-6629.

The Office address of the Federal Service Impasses Panel of the Federal Labor Relations Authority is Federal Service Impasses Panel, 607 Fourteenth St., NW, Washington, DC 20424-0001. Telephone: (202) 482-6670; FAX: (202) 482-6674.
Appendix F

United States of America
Federal Labor Relations Authority

Petition

Directions for completion of this form: Attach additional sheets if needed, number according to the items to which they pertain. By signing the petition form, an organization/petitioner certifies it has submitted to the agency the activity to which the Department of Labor is not a matter of its officials and representatives, a copy of its constitution and by-laws, and a statement of its objections.

1. Clear and concise statement of the purpose of the petition and the issues raised by the petition.

2. Description of the unit(s) included:

3. Approximate number of employees in the unit(s) affected by issues raised in the petition:
   - Currently
   - Proposed

4. The petition is supported by:
   - a showing of interest of not less than 50% evidence of membership of not less than 10% of the employees in the unit(s) involved in the petition.

5. Petitioner:
   - Name
   - Affiliation/Department
   - Address (Street and Number, City, State, and ZIP Code)
   - Phone No.
   - A. Petitioner
   - B. Petitioner Contact

6. Agency(ies), other than petitioner, affected by the petition:
   - Name
   - Affiliation/Department
   - Address (Street and Number, City, State, and ZIP Code)
   - Phone No.
   - A. Activity/Agency
   - B. Activity/Agency Contact

7. Labor Organization(s), other than petitioner, affected by the petition:
   - Name
   - Affiliation
   - Address (Street and Number, City, State, and ZIP Code)
   - Phone No.
   - A. Labor Organization
   - B. Labor Organization Contact

8a. Date(s) of recognition/certification (Month, Day, and Year) of any unit(s) affected by issues raised in the petition

8b. Expiration of current agreement(s) (Month, Day, and Year) covering any unit(s) affected by issues raised in the petition

9. Name, title, address, and telephone number of person filing petition

10. I declare that I have read this petition and that the statements herein are true to the best of my knowledge and belief. I understand that making willfully false statements can be punished by fine and imprisonment, 18 U.S.C. 1001. This petition was served on all parties known to be affected by issues raised in this petition.

Type or Print Your Name ____________________ Your Signature ____________________ Date ____________

FLRA Form 2 (Rev. 3/08)
OVERVIEW: Use this form if you want to file a petition pursuant to Sections 7111, 7112 and 7115 of the Federal Service Labor Management Relations Act. Refer to the Rules and Regulations of the Federal Labor Relations Authority (FLRA). Part 2422 of 5 C.F.R., for additional information on how to file a petition. An original and two (2) copies of a petition must be filed with the appropriate regional director, FLRA, along with a statement of any relevant facts not contained in the petition and a copy of all relevant correspondence relating to matters raised by the petition. If you do not know the address of the Regional Director, you may contact the Office of the General Counsel, FLRA, in Washington, D.C. at (202) 432-6600. Upon filing the petition, you must serve a copy of the petition and accompanying material on all affected parties. If additional space is needed, you may attach additional sheets numbered according to the item to which they pertain. The showing of interest and alphabetical list of names constituting such showing, as required by the statute and the FLRA’s Regulations for any petition seeking an election or petition seeking a determination for dues collection, must be filed with the petition, but may not be furnished to any other party.

PURPOSE OF THE PETITION AND STANDING TO FILE:
(A) Only a labor organization may file a petition to request an election to determine if employees in an appropriate unit are represented for the purpose of collective bargaining by an exclusive representative, and/or (B) a determination of eligibility for dues collection in an appropriate unit without an exclusive representative.
(C) Only an individual may file a petition to request an election to determine if employees in a unit no longer wish to be represented for the purposes of collective bargaining by an exclusive representative.
(D) Elections for the purposes described in (A) or (B) must be accompanied by a showing of interest or evidence of membership, as appropriate.
(E) An agency or a labor organization, or an agency and a labor organization jointly, may file a petition:
(1) to clarify or amend; (2) a recognition or certification; and, in effect, to change the name or affiliation of the recognized or certified exclusive representative or the name of the agency or to resolve question related to the eligibility of employees for inclusion in the unit; and/or (3) any other matter relating to representation (for example, to resolve representation questions related to a decertification or re-certification of agency operations or issues related to the majority status of the currently recognized or certified labor organization); or (2) to consolidate two or more units, unless the election is held in an agency and for which a labor organization is the exclusive representative.

LINE BY LINE INSTRUCTIONS:
1. Provide a clear and concise statement of the purpose of the petition, the issues raised by the petition, and the results the petitioner seeks.
2. Describe the unit(s) affected by issues raised in the petition. If the petitioner is seeking an election to determine the exclusive representative of an appropriate unit of employees and/or a determination for dues collection, the description should include the geographic location and classification of the employees sought to be included in, or sought to be excluded from, the unit. If the petitioner is seeking an election to determine if employees no longer wish to be represented for purposes of collective bargaining by an exclusive representative or to clarify, amend or consolidate existing units, the petition should provide a description of the existing certification(s) or recognition(s). If more than one unit is affected, attach additional sheets.
3. State the approximate number of employees in the existing unit or the unit claimed to be appropriate; in a clarification or amendment, state the approximate number of employees in the units affected by issues raised in the petition.
4. State whether a petition seeking an election is accompanied by a showing of interest of 30% of the employees in the unit claimed to be appropriate. State whether a petition for a determination for dues collection is accompanied by evidence of membership of 10% of the employees in the unit claimed to be appropriate.
5. Provide the name and mailing address for the petitioner and the contact person, including street and number, city, state and zip code. If a labor organization petitioner is affiliated with a national organization, provide the local designation and the national affiliation. If an activity or agency is affiliated with an executive department, provide the name of the department.
6. Provide the name and mailing address for each activity or agency other than the petitioner affected by issues raised in the petition, including street and number, city, state and zip code. Also provide the name, mailing address and work telephone number of the contact person for each activity or agency affected by issues raised in the petition. If an activity or agency is affiliated with an executive department, provide the name of the department.
7. Provide the name and mailing address for each labor organization other than the petitioner affected by issues raised in the petition, including street and number, city, state and zip code. If a labor organization is affiliated with a national organization, provide the local designation and the national affiliation. Provide the name, mailing address and work telephone number of the contact person for each labor organization affected by issues raised in the petition.
8. If the labor organization(s) named in 7 in an exclusive representative of any of the employees affected by issues raised in the petition, provide the date(s) of the recognition or certification and the name(s) any collective bargaining agreement covering the units will expire, or the most recent agreement did expire, if known.
9. State the name, title and mailing address of the person filing the petition, including street and number, city, state and zip code and telephone number.
10. Type or print the name of the person filing the petition. The person filing the petition must also sign and date the petition before it is filed.

It is estimated that it will take one hour or less to complete this form. This petition is not valid unless an OMB control number is displayed on the form.
Representation Cases—Petition

Prior to the filing of the petition, affected parties may request Region to assist in discussing their interests and narrowing and resolving issues (25 CFR § 2422.18a).

- **Petition filed**
  - Investigation by Regional Office. As part of investigation, Region may require all affected parties to meet to narrow and resolve the issues raised in the petition (25 CFR § 2423.13(i)).
  - Regional Director approves withdrawal of petition
  - Regional Director issues a Decision and Order
- Hearing held before a Regional Office employee
  - Regional Director issues a Direction of Election without a Decision and Order if there are no questions concerning unit appropriateness
  - Upon close of the hearing, Regional Director issues a Decision and Order
  - Authority denies application for review or does not undertake review within 60 days
  - Regional Director Decision and Order becomes the action of the Authority
  - Regional Director Decision and Order becomes the action of the Authority
- Regional Director takes appropriate action consistent with Decision and Order

- Regional Director approves election agreement or issues Direction of Election deciding procedural matters
- No objections filed and/or challenged ballots are not sufficient to affect results of election
  - Certification of Results of Election or Certification of exclusive representation

To Representation Cases Chart—Miscellaneous Election, Injunctions, Plead and/or Challenged Ballots

Regional Director Decision and Order becomes the action of the Authority
- Regional Director Decision and Order becomes the action of the Authority
- Cases returned to Regional Office for appropriate action

Regional Director takes appropriate action consistent with Decision and Order
Representation Cases—Inconclusive Election, Objections Filed and/or Challenged Ballots

Inconclusive election, objections filed and/or challenged ballots are sufficient to affect the results of election

- Investigation by Regional Office
  - Regional Director issues a Decision and Order on objection and/or challenged ballots directing a new election, ordering counting of challenged ballots, or issuing certification of results of election or certification of exclusive representative
    - Authority denies application for review or does not undertake review within 60 days
    - No application for review filed with the Authority
    - Authority reverses or modifies Regional Director's Decision and Order
      - Regional Director Decision and Order becomes the action of the Authority
      - Regional Director Decision and Order becomes the action of the Authority
      - Case returned to Regional Office for appropriate action

  - Regional Director takes appropriate action consistent with Decision and Order

  - If questions of material facts exist, hearing is held before a Regional Office employee
    - Upon closing of the hearing, Regional Director issues a Decision and Order directing a new election, ordering counting of challenged ballots, or issuing certification of results of election or certification of exclusive representative
      - Authority denies application for review or does not undertake review within 60 days
      - No application for review filed with the Authority
      - Authority reverses or modifies Regional Director's Decision and Order
        - Regional Director Decision and Order becomes the action of the Authority
        - Regional Director Decision and Order becomes the action of the Authority
        - Case returned to Regional Office for appropriate action

  - Regional Director takes appropriate action consistent with Decision and Order
Negotiability Appeal Process

ADR Opportunities
At any time prior to the filing of, and during the processing of, a negotiability appeal, the Agency or the Union may request the assistance of the Authority's Collaboration and Alternative Dispute Resolution Program (ADR). The Authority provides Agencies and Unions with the opportunity to request ADR assistance prior to and during the Petition Conference, in each of the formal filings.

5 C.F.R. § 2424.10

Union and Agency engage in collective bargaining

Union provides a written allegation of non-negotiability of the provision.
5 C.F.R. § 2424.11(a)

Union files a negotiability appeal with the Authority
5 C.F.R. § 2424.12(a)

Within 15 days

Union and Agency participate in a Petition Conference with an Authority Representative
5 C.F.R. § 2424.22

Within 30 days of receipt of the Authority's Petition for Review

Agency files a response to the Authority's Petition for Review
5 C.F.R. § 2424.22

Within 15 days of receipt of the Agency's Statement of Position

Union files a response to the Agency's Statement of Position
5 C.F.R. § 2424.26

Within 15 days of receipt of the Union's Response

Agency then files to the Union Response
5 C.F.R. § 2424.26

Authority decides
5 C.F.R. § 2424.26

Proposal found within the duty to bargain or provision found illegal

In cases involving proposals, the Authority orders the Agency to bargain
5 C.F.R. § 2424.40(j)

In cases involving provisions, the Authority orders the agency to respond to the proposal or to show that the provision is illegal
5 C.F.R. § 2424.40(j)

Petition dismissed on procedural grounds without a determination as to the negotiability of the proposal or legality of the provision

Authority issues a decision
5 C.F.R. § 2424.31

Proposal found not within the duty to bargain or provision found illegal

Petition for Review dismissed

Judicial Review

Appendix I
Appendix J
Federal Service Impasses Panel
Request for Assistance

INSTRUCTION: File an original and one copy of this request (including attachments) with the Executive Director, Federal Service Impasses Panel, 607 4th St., NW, Suite 220, Washington, D.C. 20424. Also serve a copy of the request (with attachments) on the other party to the dispute and on the mediator, and submit a written statement of such service to the Executive Director. Telephone number: (202) 482-6670; Fax number: (202) 482-6674.

Date ______________________

1. This is a request to the Panel, filed under title 5 of U.S. Code and the Panels' regulations to:
   (Check One)
   (a) ☐ Consider a negotiation impasse.
   (b) ☐ Approve a joint request for a binding arbitration procedure to resolve a negotiation impasse.
   (c) ☐ Consider an impasse resulting from an agency determination not to establish or terminate a compressed work schedule under the Federal Employees Flexible and Compressed Work Schedules Act.

2. (a) Name of Agency __________________________________________
    (b) Address __________________________________________
    (c) Person to Contact __________________________ Title ______
    (d) Phone No. __________________________
    (e) Fax No. __________________________

3. (a) Name of Labor Organization __________________________
    (b) Address __________________________________________
    (c) Person to Contact __________________________ Title ______
    (d) Phone No. __________________________
    (e) Fax No. __________________________

4. Description of Bargaining Unit __________________________________________

5. Number of Employees in Bargaining Unit ___ Date Labor Agreement Expires ___

6. (a) If item 1(a) is checked, attach information containing (1) the issues at impasse and requesting party's summary position thereon; (2) the number, length, and dates of negotiation and mediation sessions held; (3) the name and address of the mediator; and 4) the FMCS case number, if known.
Appendix J (continued)

(b) If item 1(b) is checked, attach information containing (1) the issues at impasse; (2) the number, length, and dates of negotiation and mediation sessions held; (3) the name and address of the mediator; (4) the FMCS case number; (5) the issues to be submitted to the arbitrator; (6) a statement as to whether any of the proposals to be submitted to the arbitrator contain questions concerning the duty to bargain and a statement of each party's position concerning such questions; and (7) the arbitration procedures to be used.

(c) If item 1(c) is checked, attach information containing (1) the number, length, and dates of negotiation sessions held; (2) the schedule or proposed schedule which is the subject of the agency's determination; (3) the agency's written determination and the finding on which the determination is based, including, in a case where the finding is made by a duly authorized delegatee, evidence of a specific delegation of authority to make such a finding; (4) a copy of any collective bargaining agreement between the parties and any other agreements concerning alternative work schedules; and (5) a summary of the position of the initiating party with respect to the agency's determination.

7. (a) Name of Individual Filing this request. 
Title ________________________________________________

(b) Address __________________________________________
(c) Signature __________________________________________
(d) Phone No. __________________________________________
(e) Fax No. ____________________________________________

8. If this is a joint labor-management request. 
(a) Name of Other Individual Filing This Request
Title ________________________________________________

(b) Address __________________________________________
(c) Signature __________________________________________
(d) Phone No. __________________________________________
(e) Fax No. ____________________________________________

FLRA Form 14

Public reporting burden for this collection of information is estimated to average 1/2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to Federal Service Impasses Panel, 607 14th Street, NW, Suite 220, Washington, D.C. 20424; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20523. This form is not valid unless an OMB control number is displayed on the form.
Options for Discrimination; Adverse Action; and Prohibited Personnel Practice Disputes when Covered by the Negotiated Grievance Procedure

Matters of Discrimination

- Statutory Appeal Procedure (MSPB and/or EEOC)
- Civil Action U.S. District Court

OR

- Negotiated Grievance Procedure (Final decision reviewable by MSPB and/or EEOC)
- Civil Action U.S. District Court

Matters similar to those under 5 U.S.C. § 4303 and Ch. 75, subch. II which arise under other personnel systems

- Statutory Appeal Procedure (MSPB)
- Judicial Review

OR

- Negotiated Grievance Procedure
- Judicial Review

Prohibited Personnel Practices, which do not involve a claim of employment discrimination under 5 U.S.C. § 2302(b)(1)

- MSPB
- Negotiated Grievance Procedure
- Office of Special Counsel

OR

- OR
Appendix N

UNITED STATES OF AMERICA
FEDERAL LABOR RELATIONS AUTHORITY

FOR FLRA USE ONLY

Case No.

Date Filed

CHARGE AGAINST AN AGENCY

Complete instructions are on the back of this form.

1. Charged Activity or Agency
   Name: 
   Address: 
   Tel.: ( ) Ext. 
   Fax: ( ) Ext. 

2. Charging Party (Labor Organization or Individual)
   Name: 
   Address: 
   Tel.: ( ) Ext. 
   Fax: ( ) Ext. 

3. Charged Activity or Agency Contact Information
   Name: 
   Title: 
   Address: 
   Tel.: ( ) Ext. 
   Fax: ( ) Ext. 

4. Charging Party Contact Information
   Name: 
   Title: 
   Address: 
   Tel.: ( ) Ext. 
   Fax: ( ) Ext. 

5. Which subsection(s) of 5 U.S.C. 713(a) do you believe have been violated? (See reverse) [1] and 

6. Tell exactly WHAT the activity (or agency) did. Start with the DATE and LOCATION, state WHO was involved, including titles.

7. Have you or anyone else raised this matter in any other proceeding? (Check one) 
   • No 
   • Yes 
   if yes, where? [see reverse] 

8. I DECLARE THAT I HAVE READ THIS CHARGE AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINES AND IMPRISONMENT, 18 U.S.C. 1001. THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX #4 BY [Check “X” box] 
   [ ] Commercial Delivery 
   [ ] Certified Mail 
   [ ] First Class Mail 
   [ ] In Person 

Type or print your name: 

Your signature: 

Date: 

FLRA Form 22 (Rev. 1/09)
INSTRUCTIONS FOR COMPLETING FORM 22

General

Use this form if you are charging that a federal activity or agency committed an unfair labor practice under paragraph (o) of section 7116 of the Federal Service Labor-Management Relations Act. Has an original form with the appropriate Regional Director, Federal Labor Relations Authority. If you do not know that address, contact the Office of the General Counsel, the charge (with required signatures) with the Region. You assume responsibility for receipt of a charge. A charge is a self-contained document without a need to refer to supporting evidence and documents by reference to 5 CFR Part 2423 for an explanation of unfair labor practice proceedings and, in particular, §§ 2423.4 and 2423.6, which concern the contents, filing, and service of the charge and supporting evidence and documents.

Instructions for filling out each numbered box

1. Give the full name of the activity or agency you are charging and the mailing address, telephone #, and fax #. If available, include the street number, city, state, zip code. If you are charging more than one activity/agency with the same act, attach the required information on a separate sheet.

2. Give the full name of the union or individual filing the charge and the mailing address, telephone #, and fax #. If available, if the union is affiliated with a national organization, give both the national affiliation and local designation.

3. and 4. Information is essential to the investigation of your charge as it tells us who is representing the party. Be as specific and as accurate as possible. It will assist the investigation if you include your home as well as work telephone number in the space provided.

5. Identify which one or more of the following subsections of 5 U.S.C. 7116(a) has or have allegedly been violated. Subsection (1) has already been selected for you because a violation of (1) through (8) is an automatic violation of (1).

7116. Unfair labor practices—

(1) to interfere with, restrain, or coerce any employee in the exercise by the employees of any right under this chapter;
(2) to encourage or discourage membership in any labor organization by discrimination in connection with hiring, tenure, promotion, or other conditions of employment;
(3) to dominate or assist any labor organization as an employee because the employee has filed a complaint, affidavit, or petition, or has given any information or testimony under this chapter;
(4) to refuse to consult or negotiate in good faith with a labor organization as required by this chapter;
(5) to fail or refuse to cooperate in any procedure or impose discipline or otherwise discriminate or retaliate in any procedure or impose discipline at any time in violation of any provision of this chapter.

6. It is important that the facts of the charge be BRIEF, COMPLETE, and FACTUAL, rather than opinion.
   - Give dates and times of significant events as accurately as possible.
   - Give specific locations where important, e.g., "The meeting was held in the auditorium of Building 16."
   - Identify who was involved by title, e.g., "Chief Stewart Pat Jones" or "Lou Smith, the File Room Supervisor."
   - Tell what happened, in chronological order.

7. Indicate whether you or anyone else that you know of has raised this same matter in another forum:
   a. GRIEVANCE PROCEDURE
   b. FEDERAL MEDIATION AND CONCILIATION SERVICE
   c. FEDERAL SERVICE IMPASSES PANEL
   d. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
   e. MERIT SYSTEMS PROTECTION BOARD
   f. OFFICE OF SPECIAL COUNSEL
   g. OTHER ADMINISTRATIVE OR JUDICIAL PROCEEDING
   h. NEGLIGIBILITY APPEAL TO F.S.

8. Type or print your name. Then sign and date the charge attesting to the truth of the charge and that you have served the charged party (individual named in box #3), indicate method of service by printing an "X" in one of the boxes provided.
Appendix O

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tel #: ( ) Ext.</th>
<th>Fax: ( )</th>
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<th>Name</th>
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1. Which subsection(s) of 29 U.S.C. 711(b) and/or (c) do you believe have been violated? (See reverse)

6. Tell exactly WHAT the labor organization did. Start with the DATE and LOCATION, state WHO was involved, including titles.

7. Have you or anyone else raised this matter in any other proceeding?  ___________  Yes  ___________  No  If yes, where? (See reverse)

8. I DECLARE THAT I HAVE READ THIS CHARGE AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING WILFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT, 29 U.S.C. 105. THIS CHARGE IS SERVED ON THE PERSON IDENTIFIED IN BOX 40 BY [ ] Commercial Delivery  [ ] Certified Mail  [ ] Fax  [ ] First Class Mail  [ ] In Person

Type or Print Your Name ___________________________  Your Signature ___________________________ Date ___________________________

PLRA Form 22 (Rev. 1/96)
INSTRUCTIONS FOR CompleTING FORM 23:

General

Use this form if you are charging that a labor organization or its agents committed an unfair labor practice under paragraph (b) and/or (c) of section 711 of the Federal Service Labor-Management Relations Statute. File an original form with the appropriate Regional Director, Federal Labor Relations Authority. If you do not know that address, contact the Office of the transmitted copy of the charge with required signature) with the Regional. You assume responsibility for receipt of a charge. A charge is a self-sustained document without a need to rely on supporting evidence and documents that are also submitted to the Regional Director along with the charge. If filing a charge by fax, you need only file a fax. A charge is a self-sustained document without a need to rely on supporting evidence and documents that are also submitted to the Regional Director along with the charge. If filing a charge by fax, you need only file a fax. See § 2423.4 for an explanation of unfair labor practice proceedings and, in particular, §§ 2423.4 and 2423.6, which concern the contents, filing, and service of the charge and supporting evidence and documents.

Instructions for filling out each numbered box

1. Give the full name of the labor organization (including the name of the local and number and its national or international affiliation, if any) you are charging and the mailing address, tel. # and fax # (if available). Include the street number, city, state, zip code.

2. Give the full name of the Charging Party and the mailing address, tel. #, and fax # (if available). If a union, and affiliated with a national organization, give both the national affiliation and local designation. If an activity, give the name of the activity, the agency, and the department of which the activity is a part. If an agency, give the name of the agency and department of which the agency is a part.

3. and 4. This information is essential to the investigation of your charge as it tells us who is representing the parties, as specific as and as accurate as possible. It will assist the investigation if you include your home as well as work telephone number in the space provided.

5. Identify which one or more of the following subsections of 5 U.S.C. 7116(b) and/or (c) has or have allegedly been violated. List all sections allegedly violated:
   (b) For the purpose of this chapter, it shall be an unfair labor practice for a labor organization
   (1) to interfere with, restrain, or coerce any employee in the exercise by the employee of any right under this chapter;
   (2) to cause or attempt to cause an agency to discriminate against any employee in the exercise by the employee of any right under this chapter;
   (3) to encourage, discriminate, urge, or attempt to coerce a member of the labor organization at a meeting, or for the purpose of soliciting an agency's business or obtaining a quid pro quo for services.
   (4) to discriminate against an agency employee with regard to the terms or conditions of membership in the labor organization on the basis of sex, color, creed, national origin, age, religious or nonreligious civil service status, political affiliation, marital status, or handicapping condition;
   (5) to refuse to consult or negotiate in good faith with an agency as required by this chapter;
   (6) to fail or refuse to cooperate in the preparation of procedures in good faith as required by this chapter;

   (7) A (a) to call, or participate in, a strike, work stoppage, slowdown, or picketing of an agency in a labor-management dispute, or any activity described in subparagraph (A) of this paragraph by failing to take action to prevent or stop such activity;
   (8) to otherwise fail or refuse to comply with any provision of this chapter.
   (b) For the purpose of this chapter it shall be an unfair labor practice for an exclusive representative to deny membership to any employee in the appropriate unit represented by such exclusive representative except for cause;

   (c) to meet reasonable occupational standards uniformly required for admission;

   (d) to meet reasonable occupational standards uniformly required for admission;

   (e) to meet reasonable occupational standards uniformly required for admission;

   (f) to meet reasonable occupational standards uniformly required for admission;

   (g) to meet reasonable occupational standards uniformly required for admission;

6. It is important that the information be BRIEF, COMPLETE, and FACTUAL, except that opinion:
   - Give dates and times of significant events as accurately as possible.

7. Indicate whether or not you have been involved in this matter in another forum:
   a. Grievance Procedure
   b. Federal Mediation and Conciliation Service
   c. Federal Service Impasses Panel

8. Type or print your name. Then sign and date the charge attesting to the truth of the charge and that you have served the charged party (individual named in box #3). Indicate method of service by placing an "x" in one of boxes provided.
Unfair Labor Practice Cases

Prior to filing charges, parties may request Regional Office to assist in identifying issues and resolving disputes (29 CFR § 2423.1(a))

Charge filed with Regional Office by an agency, labor organization or an individual

Investigation by General Counsel (as part of investigation, Region may assist parties in informally resolving their dispute (29 CFR § 2423.1(b)). Also, Region may suggest that the parties may benefit from General Counsel ADR services (29 CFR § 2423.2)

Regional Director declines to issue a complaint

Regional Director issues complaint

Informal settlement between:

Charging Party requests to withdraw charge

Regional Director approves request to withdraw charge

Regional Director declines to issue a complaint

Appeal to the General Counsel

Appeal denied by the General Counsel

Appeal granted by the General Counsel

Remanded to the Regional Director for further action

TO UNFI Cases-Complaint Chart

Informal settlement between:

Charging & Charged Parties

Informally resolve dispute and Charging Party requests to withdraw charge (29 CFR § 2423.1(b))

Regional Director approves request to withdraw charge

Regional Director approves settlement agreement

Regional Director approves settlement agreement

Compliance

Appellant is directed to the Regional Director for appropriate further action

Appendix P