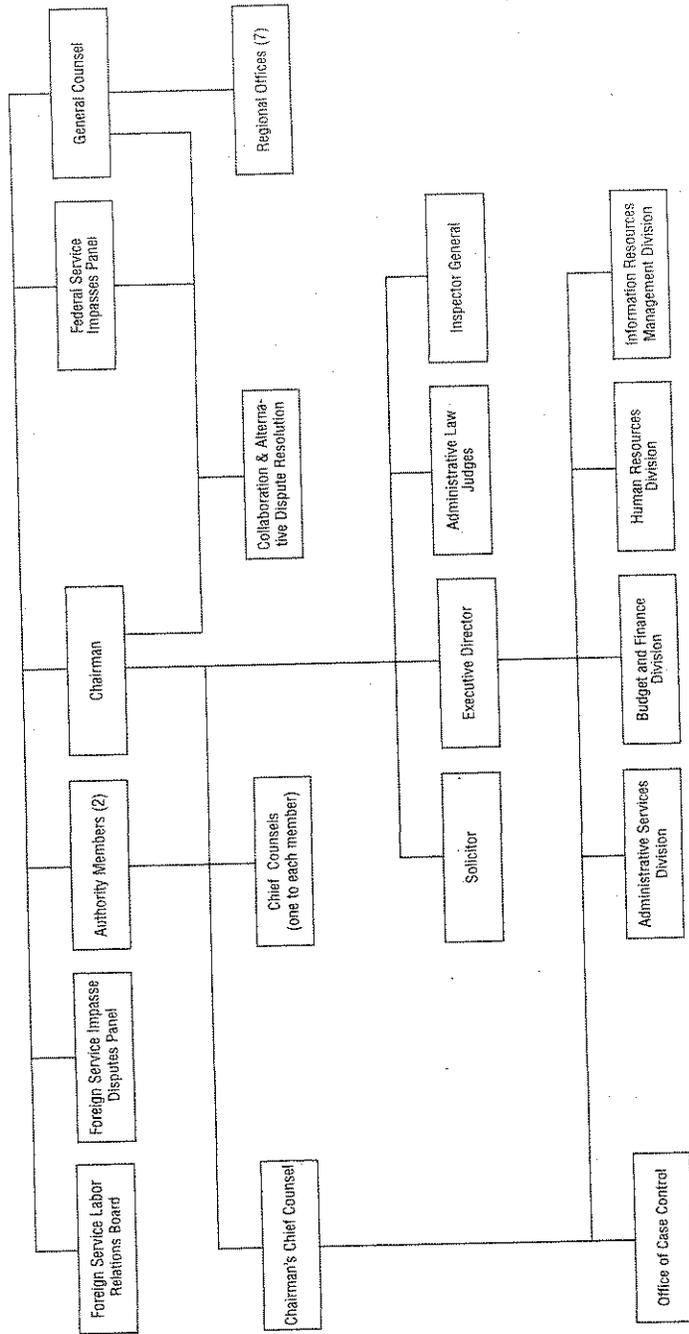


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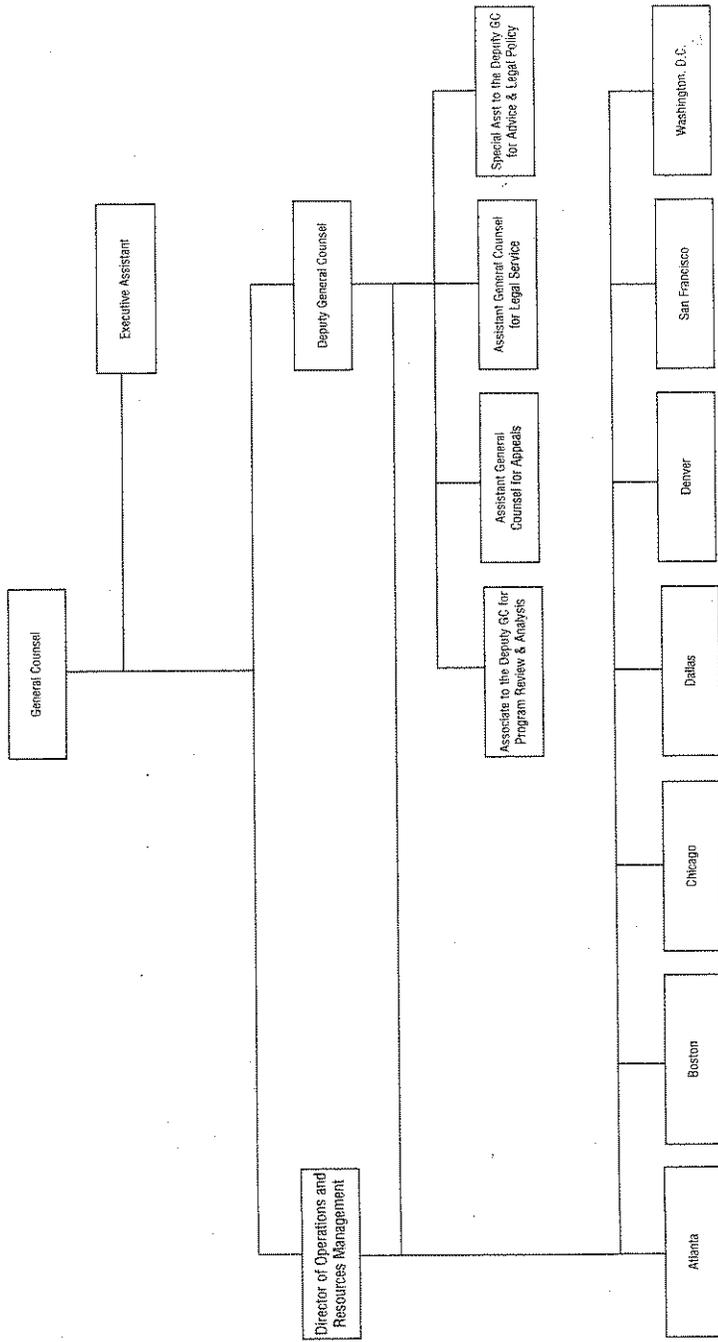
More recent updated copies of FLRA forms provided in this Appendices, as well as negotiability forms, can be obtained from FLRA's INTERNET website.

Federal Labor Relations Authority



Office of the General Counsel

Appendix B



Appendix C

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

Connecticut, Maine, Massachusetts,
New Hampshire, New Jersey, New York,
Pennsylvania, Rhode Island, Vermont,
and Puerto Rico.

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) 767-4996
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.

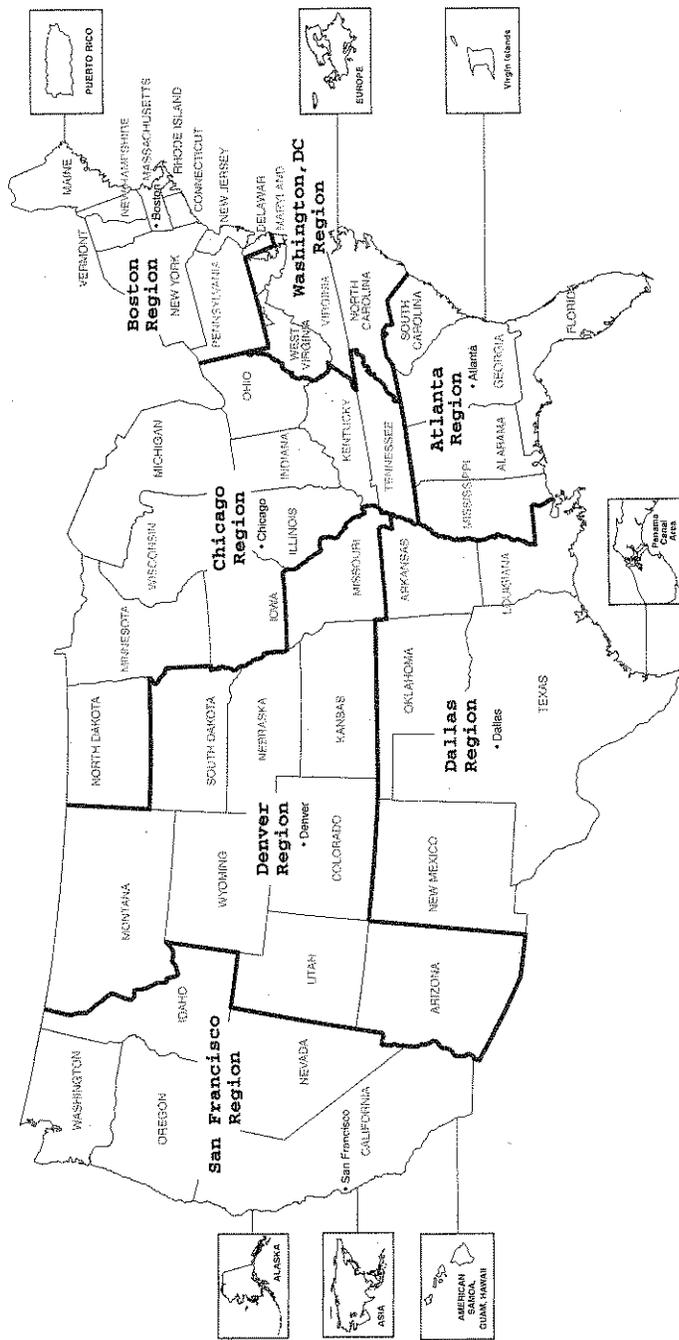
Washington, D.C. Region

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 jurisdic-
tion), Puerto Rico and coastal islands.

Regional Structure of the Federal Labor Relations Authority

Appendix D



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

OMB Control No. 3070-0003

 <p>UNITED STATES OF AMERICA FEDERAL LABOR RELATIONS AUTHORITY</p> <p>PETITION</p>		<p>FOR FLRA USE ONLY</p> <p>Case No. _____</p> <p>Date Filed _____</p>													
<p>See instructions on the back of this form. Attach additional sheets if needed, numbered according to the item to which they pertain. By signing the petition form, a labor organization/petitioner certifies it has submitted to the agency or activity and to the Department of Labor a roster of its officers and representatives, a copy of its constitution and by-laws, and a statement of its objectives.</p>															
<p>1. Clear and concise statement of the purpose of the petition and the issues raised by the petition.</p>															
<p>2. Description of the unit(s):</p> <p>Included: _____</p> <p>Excluded: _____</p>		<p>3. Approximate number of employees in the unit(s) affected by issues raised in the petition.</p> <p>Currently _____</p> <p>Proposed _____</p>													
<p>4. The petition is supported by:</p> <p>___ a showing of interest of not less than 30%</p> <p>___ evidence of membership of not less than 10%</p> <p>of the employees in the unit(s) involved in the petition.</p>															
<p>5. PETITIONER:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NAME</th> <th style="width: 20%;">AFFILIATION / DEPARTMENT</th> <th style="width: 40%;">ADDRESS (Street and Number, City, State, and ZIP Code)</th> <th style="width: 20%;">PHONE NO.</th> </tr> </thead> <tbody> <tr> <td>A. Petitioner</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Petitioner Contact</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NAME	AFFILIATION / DEPARTMENT	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.	A. Petitioner				B. Petitioner Contact			
NAME	AFFILIATION / DEPARTMENT	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.												
A. Petitioner															
B. Petitioner Contact															
<p>6. AGENCY(ES), OTHER THAN PETITIONER, AFFECTED BY THE PETITION:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NAME</th> <th style="width: 20%;">DEPARTMENT</th> <th style="width: 40%;">ADDRESS (Street and Number, City, State, and ZIP Code)</th> <th style="width: 20%;">PHONE NO.</th> </tr> </thead> <tbody> <tr> <td>A. Activity/Agency</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Activity/Agency Contact</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NAME	DEPARTMENT	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.	A. Activity/Agency				B. Activity/Agency Contact			
NAME	DEPARTMENT	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.												
A. Activity/Agency															
B. Activity/Agency Contact															
<p>7. LABOR ORGANIZATION(S), OTHER THAN PETITIONER, AFFECTED BY THE PETITION:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NAME</th> <th style="width: 20%;">AFFILIATION</th> <th style="width: 40%;">ADDRESS (Street and Number, City, State, and ZIP Code)</th> <th style="width: 20%;">PHONE NO.</th> </tr> </thead> <tbody> <tr> <td>A. Labor Organization</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Labor Organization Contact</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NAME	AFFILIATION	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.	A. Labor Organization				B. Labor Organization Contact			
NAME	AFFILIATION	ADDRESS (Street and Number, City, State, and ZIP Code)	PHONE NO.												
A. Labor Organization															
B. Labor Organization Contact															
<p>8A. Date(s) of Recognition/Certification (Month, Day and Year) of any unit(s) affected by issues raised in the petition.</p>		<p>8B. Expiration of Current Agreement(s) (Month, Day and Year) covering any unit(s) affected by issues raised in the petition.</p>													
<p>9. Name, title, address, and telephone number of person filing petition.</p>															
<p>10. I DECLARE THAT I HAVE READ THIS PETITION 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 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.</p>															
<p>_____</p> <p>Type or Print Your Name</p>		<p>_____</p> <p>Your Signature</p>													
		<p>_____</p> <p>Date</p>													

FLRA Form 21 (Rev. 3/86)

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 Statute. 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) 482-6600. Upon filing the petition, you must serve a copy of the petition and accompanying materials 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 allotment, 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: (1) an election to determine if employees in an appropriate unit wish to be represented for the purpose of collective bargaining by an exclusive representative, and/or (2) a determination of eligibility for dues allotment in an appropriate unit without an exclusive representative.
- (B) 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 purpose of collective bargaining by an exclusive representative. Petitions for the purposes described in (A) or (B) must be accompanied by a showing of interest or evidence of membership, as appropriate.
- (C) An agency or a labor organization, or an agency and a labor organization jointly, may file a petition: (1) to clarify or amend: (i) a recognition or certification then in effect (for example, to change the name or affiliation of the recognized or certified exclusive representative or the name of the agency; or to resolve questions related to the eligibility of employees for inclusion in the unit); and/or (ii) any other matter relating to representation (for example, to resolve representation questions related to a reorganization or realignment 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, with or without an election, in an agency and for which a labor organization is the exclusive representative.

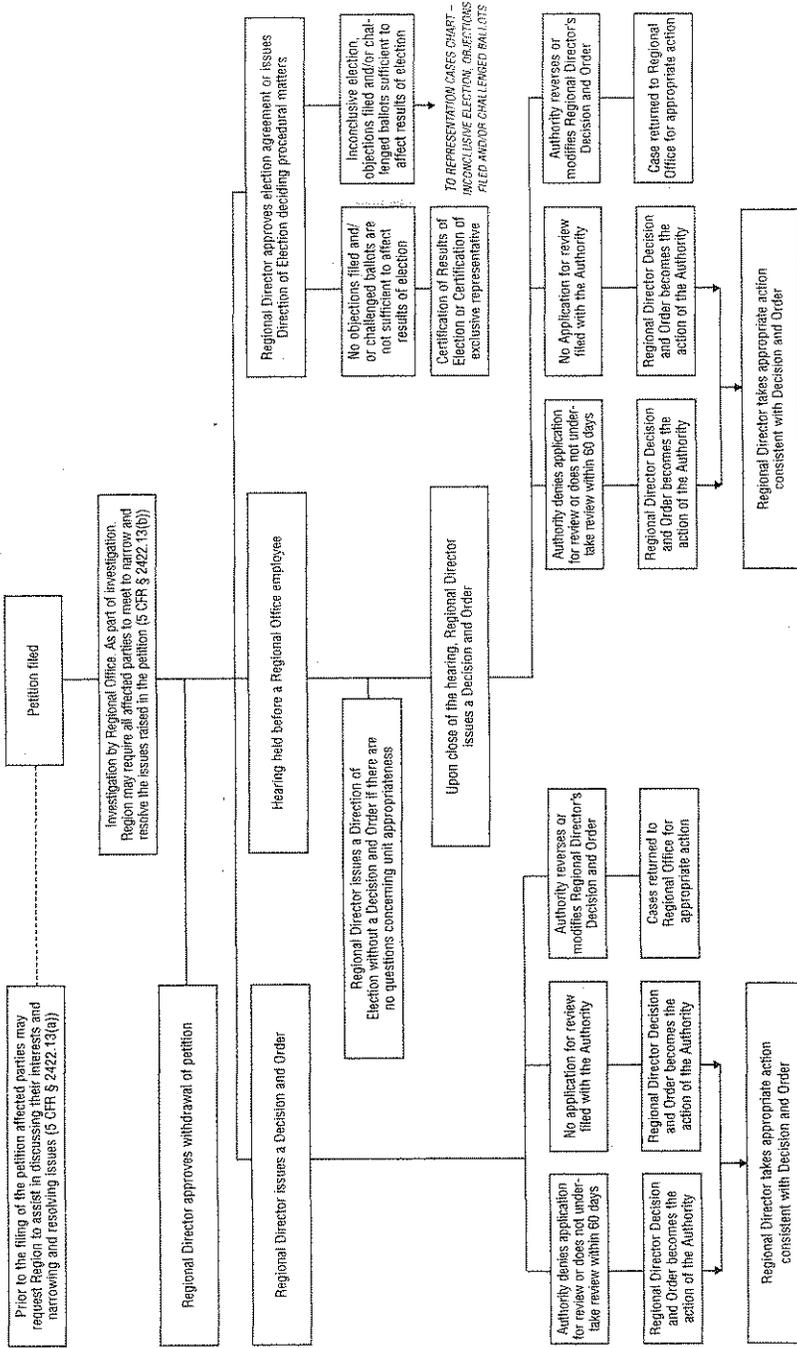
LINE BY LINE INSTRUCTIONS:

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 allotment, the description should include the geographic location and classifications 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 petitioner 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 allotment 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 is 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 date(s) any collective bargaining agreement covering the unit(s) 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.

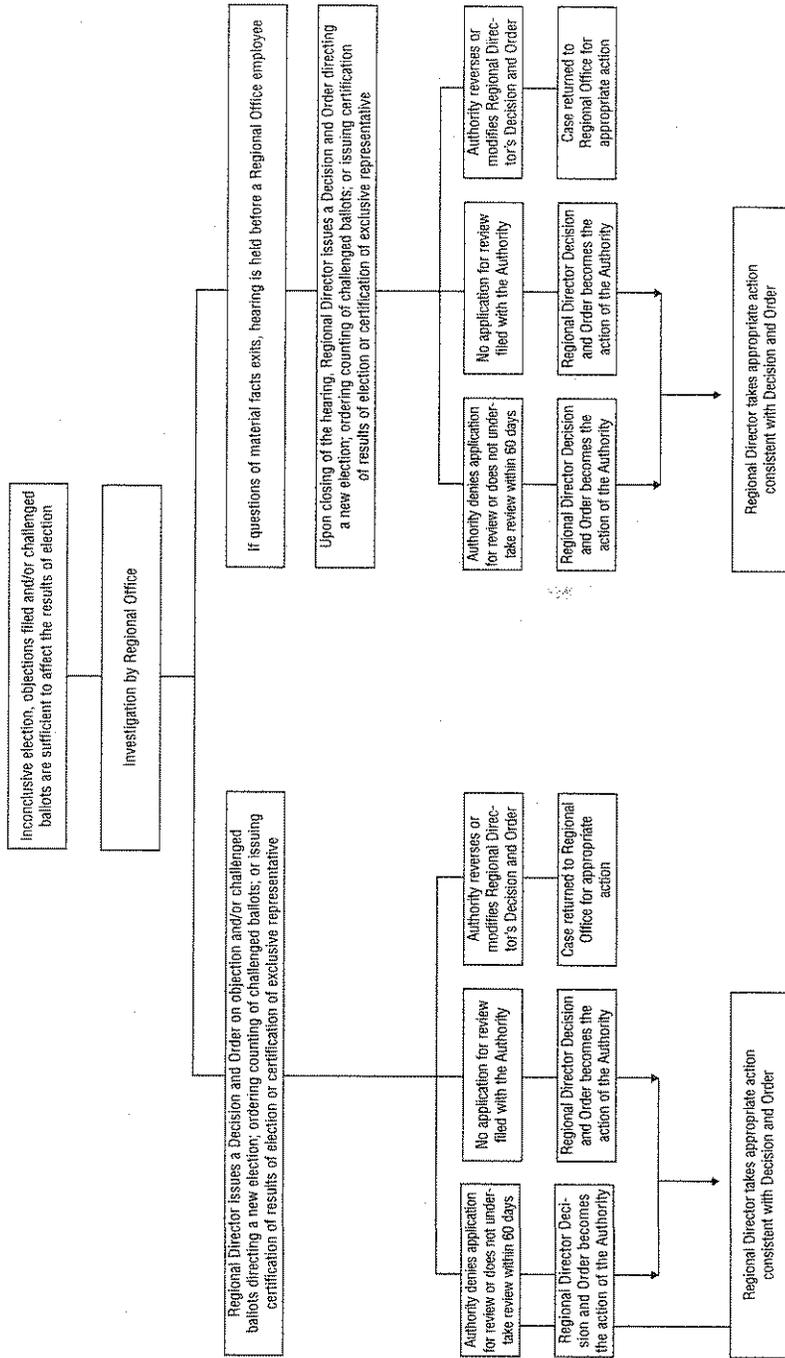
It is estimated that it will take one hour or less to complete this form. This petition is not valid unless an OMB control number is displayed on the form.
U.S. GOVERNMENT PRINTING OFFICE: 1996 O - 166-671

Representation Cases—Petition

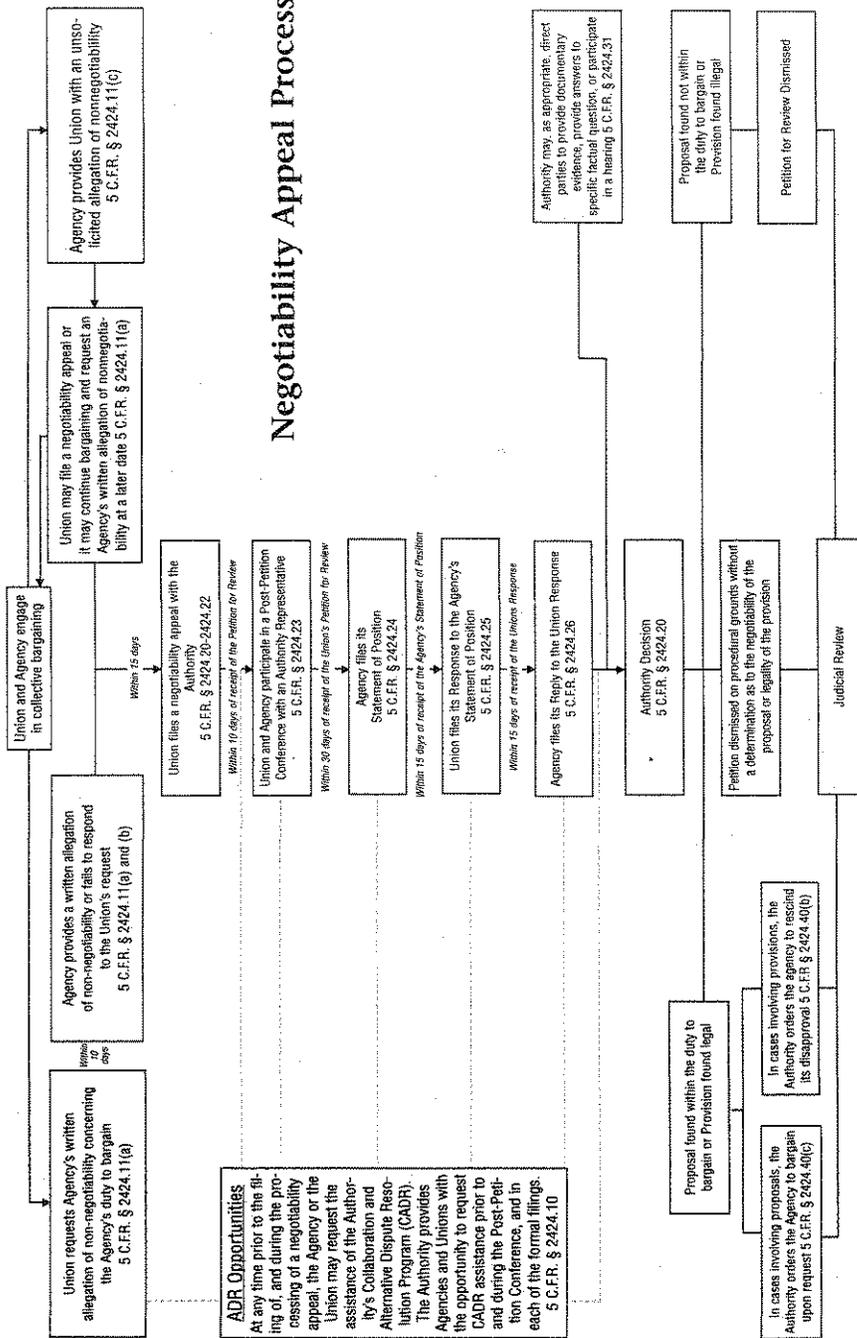
Appendix G



Representation Cases—Inconclusive Election, Objections Filed and/or Challenged Ballots



Negotiability Appeal Process



Appendix J
Federal Service Impasses Panel
Request for Assistance

OMB Control No. 3070-0607

INSTRUCTION: File an original and one copy of this request (including attachments) with the Executive Director, Federal Service Impasses Panel, 607 14th 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. _____

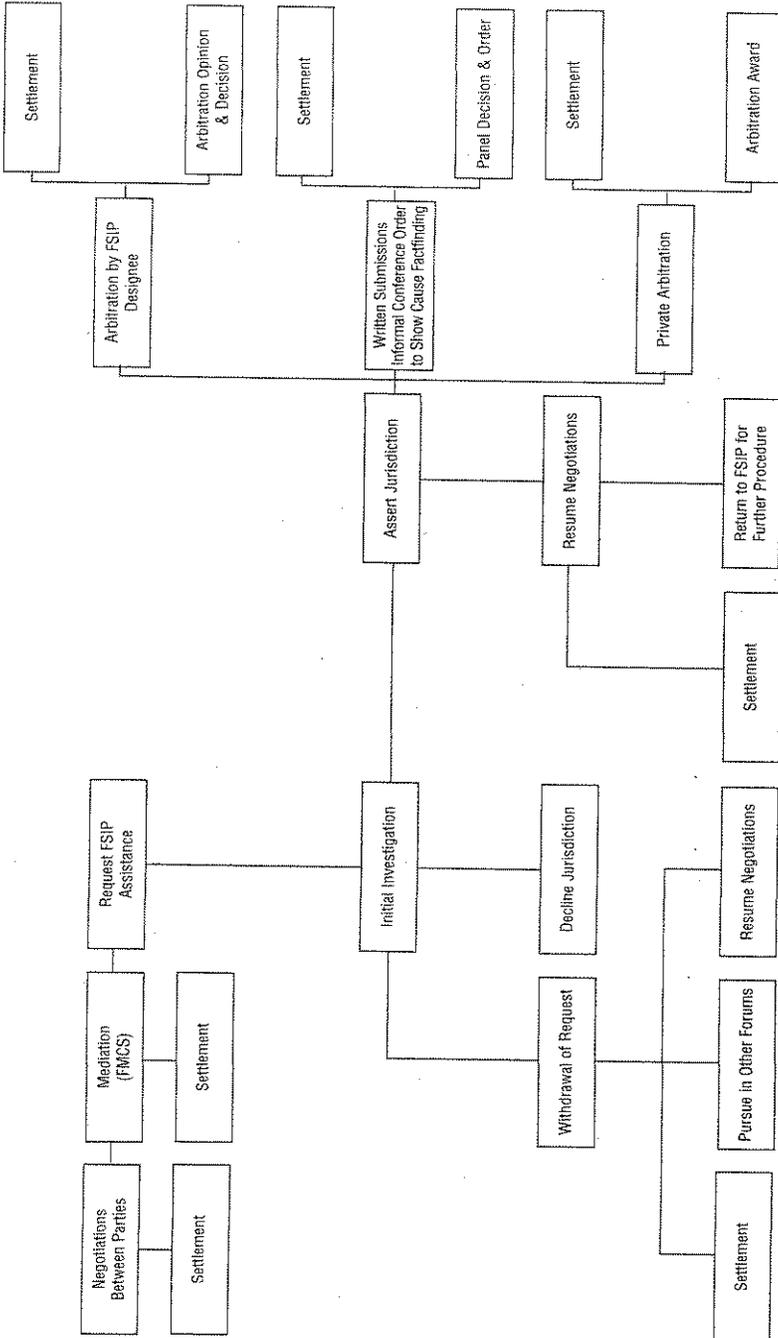
3. (a) Name of Labor Organization _____
(b) Address _____
(c) Person to Contact _____ Title _____
(d) Phone No. _____
(e) Fax No. _____

4. Description of Bargaining Unit _____

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

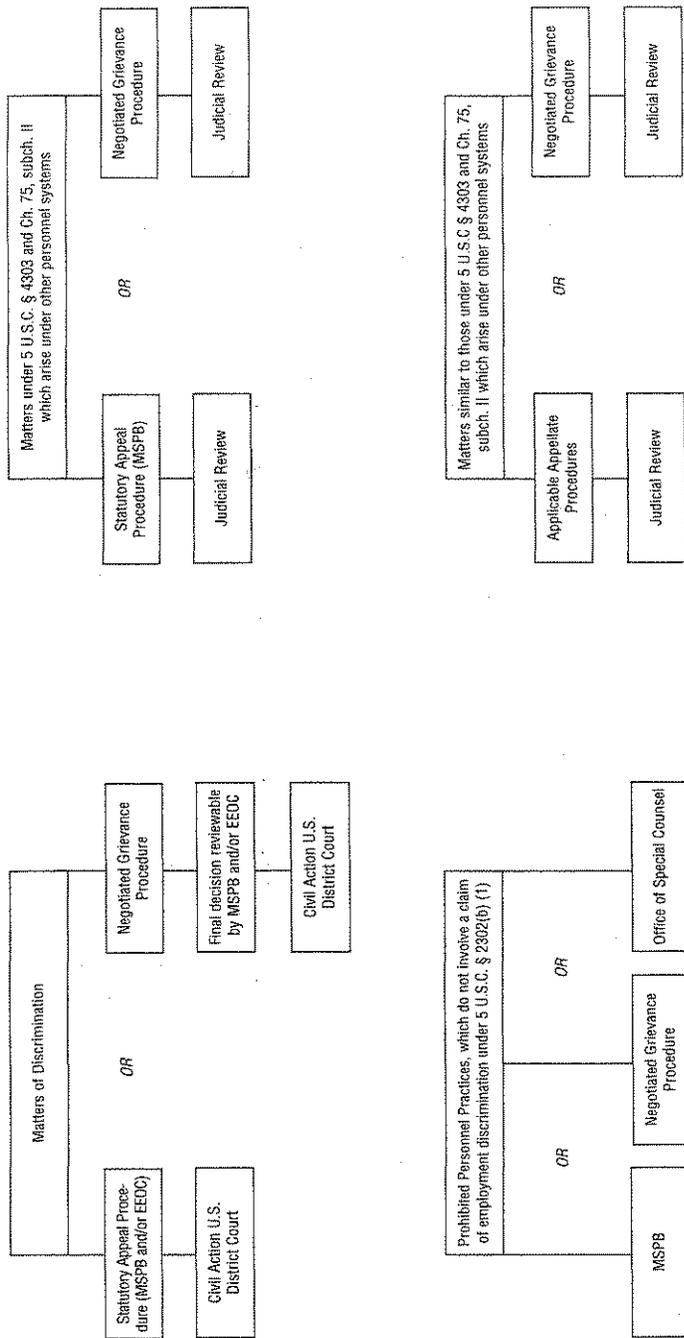
6. (a) If item 1(a) is checked, attach information containing (1) the issues at impasse and requesting party's summary position thereon; (2) the number, length, and dates of negotiation and mediation sessions held; (3) the name and address of the mediator; and 4) the FMCS case number, if known.

Federal Sector Impasse Resolution

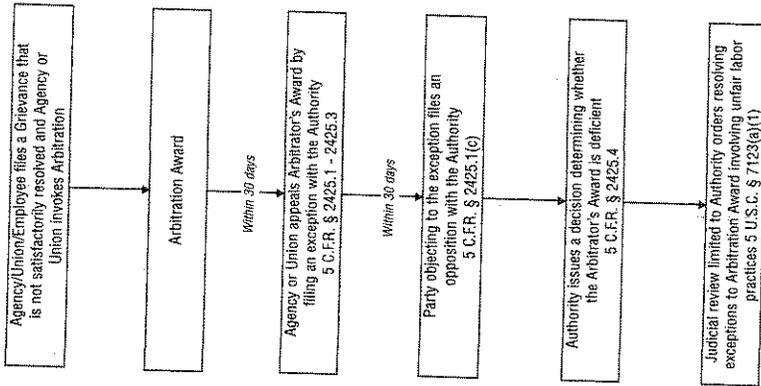


Options for Discrimination; Adverse Action; and Prohibited Personnel Practice Disputes when Covered by the Negotiated Grievance Procedure

Appendix L



Adjudication of Appeals from Arbitration Awards



Appendix N

Form Exempt Under 44 U.S.C. 3512

 UNITED STATES OF AMERICA FEDERAL LABOR RELATIONS AUTHORITY CHARGE AGAINST AN AGENCY		FOR FLRA USE ONLY <hr/> Case No. _____ <hr/> Date Filed _____
Complete instructions are on the back of this form.		
1. Charged Activity or Agency Name: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	2. Charging Party (Labor Organization or Individual) Name: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	
3. Charged Activity or Agency Contact Information Name: _____ Title: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	4. Charging Party Contact Information Name: _____ Title: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	
5. Which subsection(s) of 5 U.S.C. 7116(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. <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>		
7. Have you or anyone else raised this matter in any other procedure? ___ 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 FINE AND IMPRISONMENT, 18 U.S.C. 1001. THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX #3 BY [check "x" box] <input type="checkbox"/> Fax <input type="checkbox"/> 1st Class Mail <input type="checkbox"/> In Person <input type="checkbox"/> Commercial Delivery <input type="checkbox"/> Certified Mail		
_____ Type or Print Your Name	_____ Your Signature	_____ Date

FLRA Form 22 (Rev. 1/99)

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 (a) of section 7116 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 General Counsel, Federal Labor Relations Authority, (202)482-6600. If filing the charge by fax, you need only file a fax-transmitted copy of the charge (with required signature) 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 that are also submitted to the Regional Director along with the charge. If filing a charge by fax, do not submit supporting evidence and documents by fax. See 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. This information is essential to the investigation of your charge as it tells us who is representing the parties. 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 (2) through (8) is an automatic violation of (1). List all sections allegedly violated:
7116. Unfair labor practices—
 - (a) For the purpose of this chapter, it shall be an unfair labor practice for an agency
 - (1) to interfere with, restrain, or coerce any employee in the exercise by the employee 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 sponsor, control, or otherwise assist any labor organization, other than to furnish, upon request, customary and routine services and facilities if the services and facilities are also furnished on an impartial basis to other labor organizations having equivalent status;
 - (4) to discipline or otherwise discriminate against an employee because the employee has filed a complaint, affidavit, or petition, or has given any information or testimony under this chapter;
 - (5) to refuse to consult or negotiate in good faith with a labor organization as required by this chapter;
 - (6) to fail or refuse to cooperate in impasse procedures and impasse decisions as required by this chapter;
 - (7) to enforce any rule or regulation (other than a rule or regulation implementing section 2302 of this title) which is in conflict with any applicable collective bargaining agreement if the agreement was in effect before the date the rule or regulation was prescribed; or
 - (8) to otherwise fail or refuse to comply with any provision of this chapter.
- #6. It is important that the basis for the charge be BRIEF, COMPLETE, and FACTUAL, rather than opinion.
 - Give dates and times of significant events as accurately as possible.
 - Give specific locations when important, e.g., "The meeting was held in the auditorium of Building 36."
 - Identify who was involved by title, e.g., "Chief Steward 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. NEGOTIABILITY APPEAL TO FLRA
- #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 the boxes provided.

Appendix O

Form Exempt Under 44 U.S.C. 3512

 <p>UNITED STATES OF AMERICA FEDERAL LABOR RELATIONS AUTHORITY</p> <p>CHARGE AGAINST A LABOR ORGANIZATION</p>	FOR FLRA USE ONLY
	Case No. _____
	Date Filed _____
Complete instructions are on the back of this form.	
1. Charged Labor Organization Name: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	2. Charging Party (Individual, Labor Organization, Activity, or Agency) Name: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()
3. Charged Labor Organization Contact Information Name: _____ Title: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()	4. Charging Party Contact Information Name: _____ Title: _____ Address: _____ Tel.#: () Ext. _____ Fax#: ()
5. Which subsection(s) of 5 U.S.C. 7116(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 procedure? <input type="checkbox"/> No <input type="checkbox"/> 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 FINE AND IMPRISONMENT, 18 U.S.C. 1001. THIS CHARGE WAS SERVED ON THE PERSON IDENTIFIED IN BOX #3 BY [check "x" box] <input type="checkbox"/> Fax <input type="checkbox"/> 1st Class Mail <input type="checkbox"/> in Person <input type="checkbox"/> Commercial Delivery <input type="checkbox"/> Certified Mail	
Type or Print Your Name _____	Your Signature _____
Date _____	

FLRA Form 23 (Rev. 1/99)

INSTRUCTIONS FOR COMPLETING FORM 23:

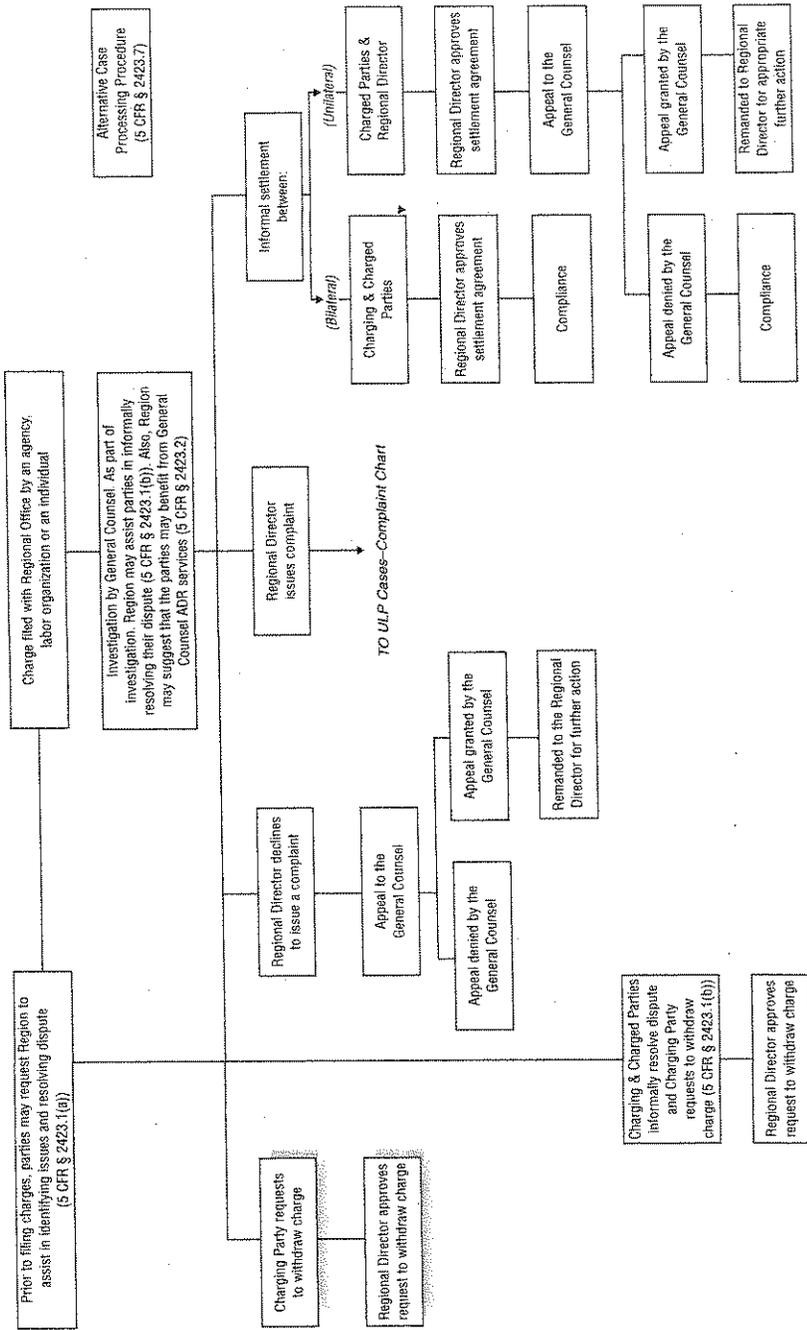
General

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 7116 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 General Counsel, Federal Labor Relations Authority, (202)482-6600. If filing the charge by fax, you need only file a fax-transmitted copy of the charge (with required signature) 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 that are also submitted to the Regional Director along with the charge. If filing a charge by fax, do not submit supporting evidence and documents by fax. See 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.

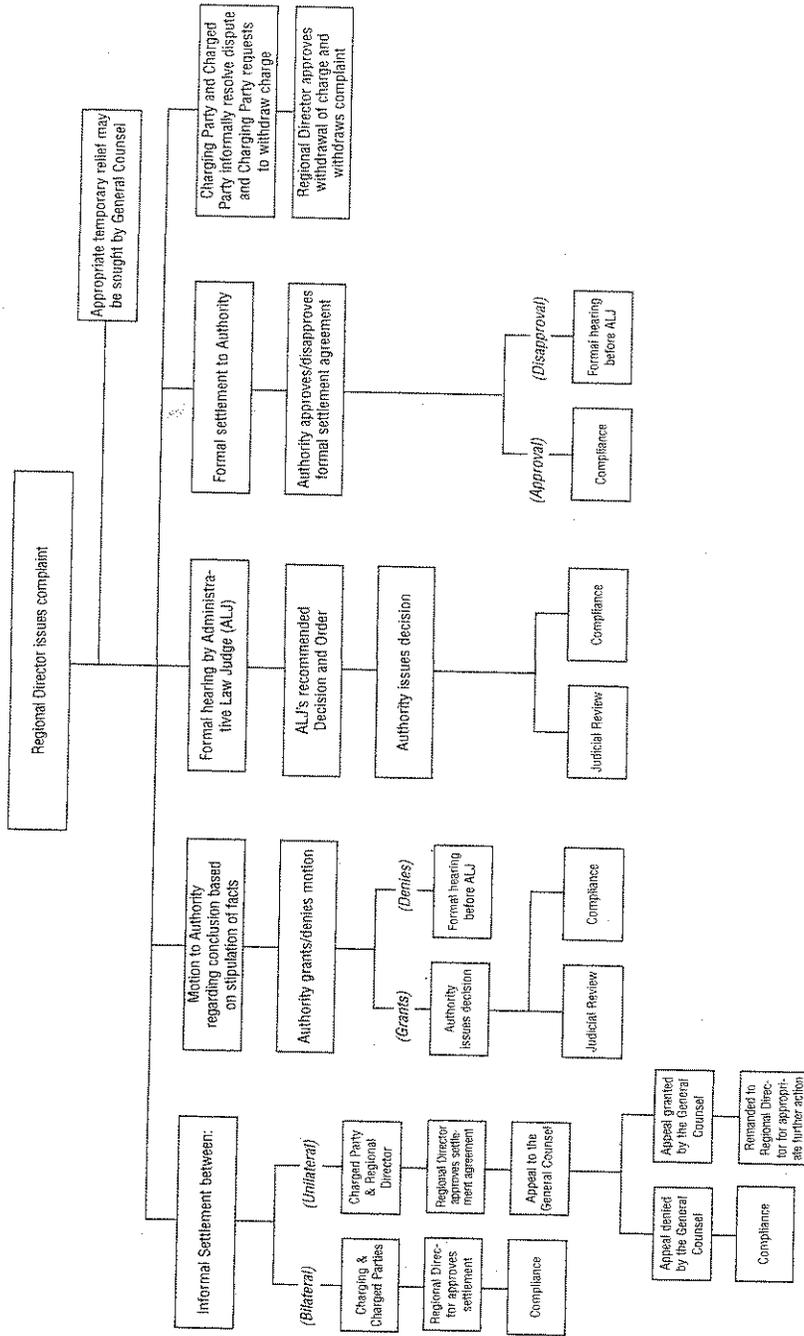
Instructions for filling out each numbered box

- #1. Give the full name of the 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. 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(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 coerce, discipline, fine, or attempt to coerce a member of the labor organization as punishment, reprisal, or for the purpose of hindering or impeding the member's work performance or productivity as an employee or the discharge of the member's duties as an employee;
 - (4) to discriminate against an employee with regard to the terms or conditions of membership in the labor organization on the basis of race, color, creed, national origin, sex, age, preferential or nonpreferential 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 impasse procedures and impasse decisions as required by this chapter;
 - (7) (A) to call, or participate in, a strike, work stoppage, or slowdown, or picketing of an agency in a labor-management dispute if such picketing interferes with an agency's operations, or
(B) to condone any activity described in subparagraph (A) of this paragraph by failing to take action to prevent or stop such activity; or
 - (8) to otherwise fail or refuse to comply with any provision of this chapter.
- (c) 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 failure-
- (1) to meet reasonable occupational standards uniformly required for admission, or
 - (2) to tender dues uniformly required as a condition of acquiring and retaining membership.
- This subsection does not preclude any labor organization from enforcing discipline in accordance with procedures under its constitution or by laws to the extent consistent with the provisions of this chapter.
- #6. It is important that the basis for the charge be BRIEF, COMPLETE, and FACTUAL, rather than opinion.
- Give dates and times of significant events as accurately as possible.
 - Give specific locations when important, e.g., "The meeting was held in the auditorium of Building 36."
 - Identify who was involved by title, e.g., "Chief Steward 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. NEGOTIABILITY APPEAL TO FLRA
- #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



Unfair Labor Practice Cases—Complaint



Notes

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