



Maine Labor Relations Board
**PETITION FOR BARGAINING AGENT CERTIFICATION
 BY MAJORITY SIGN-UP**

MLRB Form 2C

Petitioner

Name John Nuttall AFSCME Council 93
 Address 6 Rockwood drive
Manchester Maine 04351
 Phone 207-561-0404
 E-Mail (if available) jnutall@afscme93.org

Petitioner's Representative for correspondence (if different)

Name _____
 Address _____
 Phone _____
 E-Mail (if available) _____

Public Employer

Name Town of Orono
 Address 59 Main st
Orono Maine 04473
 Phone 207-866-2556
 E-Mail (if available) swilson@orono.org

1. Describe the bargaining unit; estimate the total number of employees in the unit; set forth the classifications of employees comprising the unit; and estimate the number of employees in each classification. If a position in an included classification is to be excluded from the unit, list each such specific position and set forth the basis for its exclusion. Continue on separate sheet if needed.

Systems Administrator-1	Circulation Manager-1
Assistant Clerk-2	Children's Librarian-1
Administrative Assistant-1	Circulation Clerk-3
Code Officer-1	Parks and Recreation Programmer-1
Town Planner-1	
Book Keeper-1	
Staff Accountant-1	
Assessor- 1	

2. Does the petitioner certify that no other employee organization is lawfully recognized as the exclusive representative of the employees in the appropriate bargaining unit?

Yes
 No

3. This petition is accompanied by authorization forms from more than 50% of the employees in the appropriate bargaining unit.

Yes

No

The employee authorization forms must consist of original separate documents, individually signed and dated, containing the typed or printed name of the person signing, and a statement that the person designates the bargaining agent as the person's bargaining representative for the purposes of collective bargaining. A petition of an intervenor need only be accompanied by a 10% showing of interest or employee authorization.

The employee authorization or showing of interest should be submitted only to the Maine Labor Relations Board.

CERTIFICATION: I certify that all of the above information is true and correct to the best of my knowledge and belief. I understand that the law imposes penalties for false statements provided on this form.

Signature 

Date 2/3/23

Name John Nuttall

Title AFSCME Staff representative

Pursuant to Maine Labor Relations Board Rules, Chapter 10, §7, this form must be filed electronically by sending it as an attachment in an email sent to mlrb@maine.gov. If you are unable to file electronically, you must include a signed Request For Exception To Electronic Filing Requirement (MLRB Form 8).

This petition will not be considered filed until the Board has received signed original employee authorization forms, if required.