



EERA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: A request for recognition, severance request or intervention is to be filed with the employer. Proper filing includes concurrent service and proof of service of the request/severance/intervention as required by PERB Regulations 33050 and 33070. Attach additional sheets if more space is required. Proof of support is required as provided by PERB Regulation 32700. Proof of support is provided only to PERB.

1. EMPLOYER (Name, address and telephone number)	Employer's agent to be contacted (address and telephone, if different):
Employer Name: <u>Clovis Unified School District</u>	Name: <u>Corrine Folmer</u>
Address: <u>1450 Herndon Ave</u>	Title: <u>Superintendent</u>
<u>Clovis, CA 93611</u>	Address: <u>Clovis Unified School District</u>
Telephone: <u>559-327-9000</u>	<u>1450 Herndon Ave Clovis 93611</u>
	Telephone: <u>(559) 327-9000</u>

2. TYPE OF PETITION (Check one)	3. PROOF OF SUPPORT (Check one)
<input checked="" type="checkbox"/> REQUEST FOR RECOGNITION	<input checked="" type="checkbox"/> Majority support filed with PERB
<input type="checkbox"/> SEVERANCE REQUEST	<input type="checkbox"/> At least 30 percent support filed with PERB
<input type="checkbox"/> INTERVENTION	

4. DESCRIPTION OF PROPOSED UNIT	5. IF A CURRENT WRITTEN AGREEMENT EXISTS COVERING EMPLOYEES IN THE PROPOSED UNIT, INDICATE :
Shall Include: <u>Educational Interpreter II</u> <u>Instructional Assistant III (DHH Interpreting)</u>	AGREEMENT EFFECTIVE DATE: _____
Shall Exclude: <u>Non-interpreting positions</u>	AGREEMENT EXPIRATION DATE: _____
	NO AGREEMENT IS IN EFFECT: <input checked="" type="checkbox"/>
	6. NUMBER OF EMPLOYEES IN PROPOSED UNIT: <u>28</u>

7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:

Name of Organization and Address	Date of Recognition/ Certification (if any)
_____	_____
_____	_____

8. PETITIONER (Name, address and telephone number)	Petitioner's agent to be contacted:
Address: <u>Association of Clovis Educators</u>	Agent Name: <u>Sarah Maricle</u>
<u>5330 N. Fresno St.</u>	Title: <u>Educational Interpreter II</u>
<u>Fresno, CA 93710</u>	(Address and telephone, if different)
Telephone: <u>(559) 222-6593</u>	Address: <u>5330 N. Fresno St.</u>
	<u>Fresno CA 93710</u>
	Telephone: <u>209-712-5703</u>

DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief.

PETITIONER'S AUTHORIZED REPRESENTATIVE: *Sarah Maricle*
 Title: Educational Interpreter II (Signature) Date: 8.19.24

Los Angeles Regional Office
 425 W. Broadway, Suite 400
 Glendale, CA 91204
 (818) 551-2822

Sacramento Regional Office
 1031 18th Street, Room 102
 Sacramento, CA 95814-4174
 (916) 322-3198

San Francisco Regional Office
 1515 Clay Street, Suite 2206
 Oakland, CA 94612-2514
 (510) 622-1016