

**AGREEMENT ON APPROPRIATE BARGAINING UNIT**

(File original with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

\_\_\_\_\_  
Date of Agreement

This is to certify that:

\_\_\_\_\_  
Name (type or print) Title Public Employer

and

\_\_\_\_\_  
Name (type or print) Title Employee Organization

have agreed that the following job classifications/positions comprise an appropriate unit for the purposes of collective bargaining under the terms of the applicable labor relations law.

Name of Unit:

Classifications/Positions Included:

Classifications/Positions Excluded:

If this modifies an existing unit, describe change(s):

Signed: \_\_\_\_\_  
Employer Representative

Signed: \_\_\_\_\_  
Employee Representative

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_