



State of Ohio  
 State Employment Relations Board  
 65 East State Street, 12<sup>th</sup> Floor  
 Columbus, Ohio 43215-4213  
 (614) 644-8573  
 MED@SERB.ohio.gov

Mediation Case No.  
 2023-MED-09-0752

**EMPLOYEE ORGANIZATION CERTIFICATION OF FACT-FINDING VOTE**

**INSTRUCTIONS:** This document is to be sent to SERB and the employer electronically in a read only format. A party lacking the technological capability for electronic service may file a motion for relief from electronic filing requirements pursuant to OAC 4117-1-02(F).

**1. Name of Employee Organization:**  
 INTERNATIONAL BROTHERHOOD OF TEAMSTERS Local 436

**2. Name of Employee Organization's Representative:**  
 DENNIS M. KASHI, PRESIDENT

**Address:** 6051 Carey Drive  
**Telephone:** ( ) 216-328-1833

**City, State, Zip:** Valley View Ohio 44125  
**Email:** DENNISKASHI436@gmail.com

**3. Date and Time of Vote:** 6-18-24 11:00am  
**4. Number of members of Employee Organization in bargaining unit eligible to vote:** 194

**5. Tally of Votes:**  
 Number of votes to approve: 64 Number of votes to reject: 129 Total votes cast: 193

**6. Name of Employer for bargaining unit(s):**  
 OHIO TURNPIKE + INFRASTRUCTURE COMMISSION (MAINTENANCE)

**7. Location of Employer:** City: BEREA County: CUYAHOGA

**DECLARATION**

I declare that I have read the contents of this Employee Organization Certification of Fact-Finding Vote and that the statements it contains are true and correct to the best of my knowledge and belief.

*Dennis M. Kashi* 6-18-2024  
 Signature of Employee Organization's Representative Date

DENNIS M. KASHI, PRESIDENT  
 Print or Type Name

THIS EMPLOYEE ORGANIZATION CERTIFICATION OF FACT-FINDING VOTE WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE EMPLOYEE ORGANIZATION.

**PROOF OF ELECTRONIC SERVICE**

I certify that an exact copy of the foregoing Employee Organization Certification of Fact-Finding Vote has been sent electronically to:  
 FERZAN.AHMED@OHIOTURNPIKE.ORE  
 FERZAN AHMED JENNIFER RIECKER - Jennifer.Riecker@OHIOTURNPIKE.ORG  
 (Name, complete address, and email address of representative of employer)

Sent via electronic mail at approximately: 4:46 pm (time)  
 this 18<sup>th</sup> (day) of June (month), 2024 (year)

*Pamela Bednarski* PAMELA BEDNARSKI, ADM. ASST.  
 Signature of Person Confirming Service of Form Print or Type Name

# State Employment Relations Board

## Instructions for completing the Employee Organization Certification of Fact-Finding Vote Form

### Box: Information Requested

- 1 **Name of Employee Organization** – Fill in complete name.
- 2 **Name of Employee Organization's Rep** – Fill in complete name, address, & phone number, including an email address.
- 3 **Date and Time of Vote** – Fill in date and time.
- 4 **Number of members of Employee Organization in bargaining unit eligible to vote.** – Include number of members in bargaining unit eligible to vote
- 5 **Tally of Votes** – Result of vote.
- 6 **Name of Employer for bargaining unit(s)** – Fill in complete name.
- 7 **Location of Employer** – Fill in City and County

**Declaration** – Requires the signature and printed name of the person confirming that the information provided is true to the best of their knowledge and must include the date.

**Proof of Electronic Service** – The person filing the Employee Organization Certification of Fact-Finding Vote must sign and print name confirming that an exact copy of the Employee Organization Certification of Fact-Finding Vote was delivered electronically to the employer representative. The person filing the Employee Organization Certification of Fact-Finding Vote signs the bottom line of the form.

**Note:** The Employee Organization Certification of Fact-Finding Vote will not be accepted if the Proof of Electronic Service is not fully completed and signed by a representative of the employee organization.

### COMPLETION CHECKLIST

#### Did you remember to:

- ✓ Provide accurate email addresses.
- ✓ Completely fill in the Proof of Electronic Service.

#### Submit by email:

Email: [MED@SERB.ohio.gov](mailto:MED@SERB.ohio.gov)