

**STATE OF RHODE ISLAND
BEFORE THE
RI STATE LABOR RELATIONS BOARD**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
EE-	

**PETITION FOR DECERTIFICATION
OF A CERTIFIED BARGAINING REPRESENTATIVE**

DECERTIFICATION SIGNATURE CARD

(MUST PRINT DOUBLE-SIDED)

I _____, do hereby request decertification from the _____.

(Name) **(Union Affiliation)**

I understand that I shall no longer be represented by _____ for the purpose of

(Union Affiliation)

collective bargaining, with respect to rates of pay, hours of employment, and any and all other terms and conditions of employment.

Below to be completed only in the case of an Intervener.

I hereby desire to be represented by the _____, and/or its affiliates as my certified

(Union Affiliation)

representative for the purpose of collective bargaining; and that pursuant to the provisions of §28-7-16 of the Act,

_____ shall be designated as my exclusive bargaining representative for the

(Union Affiliation)

purposes of collective bargaining with respect to rates of pay, hours of employment, and other conditions of my employment.

Name (Please Print)

Signature (Do not Print)

Home Address

Phone Number

I am employed at _____ as a _____

within the _____.

Department and /or Division

Date