

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

DO NOT WRITE IN THIS SPACE
Case No.
EE-

**DESIGNATION OF BARGAINING AGENT AND
WAIVER OF RIGHT TO VOTE FORM**

I hereby desire to be represented by the _____, and/or its affiliates as my certified representative for
(Union Affiliation)
the purpose of collective bargaining; and that pursuant to the provisions of 28-7-16 of the Act, the _____
(Union Affiliation)
shall be designated as my exclusive bargaining representative for the 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)

When a Petition for Investigation of Controversies as to Representation has been filed and it is not the Employer's intention to challenge the representation of the proposed bargaining unit, the parties shall enter into an Agreement for Consent Election by Comparison of Signatures, which shall be conducted by the Board, through its Administrator or Agent.

By signing below, I understand that I have freely and voluntarily waived my statutory right to vote in an election and/or other consent election processes in accordance with the RI State Labor Relations Board's Rules and Regulations, 465-RICR-10-00-1-1.14(C)(1)(b), should the parties consent to an Election by Comparison of Signatures.

Name (Please Print) Signature (Do not Print)

Home Address Phone Number

I am employed at _____ as a _____

within the _____
Department and /or Division Date