

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

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

**PETITION FOR INVESTIGATION OF CONTROVERSIES
AS TO REPRESENTATION**

DECERTIFICATION SIGNATURE CARD

I _____, do hereby request decertification from the _____. I understand
 (Name) (Union Affiliation)
 that I shall no longer be represented by _____ for the purpose of collective bargaining, with respect to
 (Union Affiliation)
 rates of pay, hours of employment, and any and all other terms and conditions of 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