STATE OF RHODE ISLAND **CASE NO.: EE- _____/_____**
BEFORE THE
RI STATE LABOR RELATIONS BOARD

SIGNATURE AFFIRMATION DOCUMENT

(TRANSFER)

RISLRB – Rules and Regulations
465-RICR-10-00-1-1.20 and 465-RICR-10-00-1-1.21

We the undersigned, hereby acknowledge that we have been notified that as of _____, the
(Effective Date)
current membership of _____ shall be transferred to _____
(Union Affiliation) (Union Affiliation)
and/or its affiliates, as their certified representative for the purpose of collective bargaining; and that

pursuant to the provisions of 28-7-16 of the Act, the _____ shall be designated as
(Union Affiliation)
the exclusive bargaining representative for the purposes of collective bargaining with respect to rates of pay,

hours of employment, and other conditions of said employment.

PRINT NAME	TITLE OF POSITION	SIGNATURE	DATE

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