STATE OF RHODE ISLAND BEFORE THE STATE LABOR RELATIONS BOARD

In the Matter of

-and-

Respondent

CASE NO.: ULP-_____ EE-

Petitioner

WITHDRAWAL OF APPEARANCE

The undersigned withdraws his/her appearance as a representative of the

Petitioner Respondent Intervener Other.

Signature

(PLEASE PRINT)

NAME:	TITLE:
MAILING ADDRESS:	
PHONE NO.:	FAX NO.:
CELLULAR NO.:	EMAIL:
DATE:	

The RI State Labor Relations Board is an equal opportunity Employer. Auxiliary aids and services are available upon request to individuals with disabilities. TTY VIA RI RELAY: 711