

Representation Request

Request for representation and authorization for review of personnel records

Pursuant to the terms of the Collective Bargaining Agreement between the Washington Public Employees Association and the agency/institution listed below, I request representation by WPEA.

By copy of this notice, management is hereby notified that I authorize any WPEA staff representative to investigate, communicate, schedule meetings or otherwise act in my behalf.

_____		_____
name		agency/institution
_____		_____
street address		job class
_____		_____
city, state	zip code	supervisor
_____		_____
phone number (cell)	(home)	days off/shift
_____	_____	_____
(work)	(extension)	

I authorize any WPEA staff representative to access my supervisory file and other personnel records at the agency or institution listed above, for any and all lawful purposes. I further authorize WPEA's representative to photocopy any of my records.

_____	_____
signature of authorizing employee	date