



To Whom It May Concern:

Please accept this formal acknowledgement that I choose to be represented by CWA Local 7076, in any and all personnel actions. I authorize my representative to request and receive any and all personnel records or correspondence deemed necessary on my behalf.

Sincerely,

NAME (PRINT)

.....

ADDRESS

.....

CITY

STATE

ZIP CODE

.....

PHONE NUMBER

☐ HOME ☐ MOBILE ☐ WORK

.....

E-MAIL ADDRESS

.....

SIGNATURE

DATE

.....



Communications Workers of America, AFL-CIO, CLC

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