

UNITED CLEVELAND MUNICIPAL WORKERS
ASSOCIATION (UCMWA)

AUTHORIZATION FOR REPRESENTATION

I authorize the UNITED CLEVELAND MUNICIPAL WORKERS ASSOCIATION (UCMWA) to represent me as my exclusive collective bargaining representative (Ohio Administrative Code § 4117.04A) in all matters pertaining to wages, hours and conditions of employment. This authorization is non-expiring, binding and valid until such time as I submit a written revocation.

Name: _____ SSN: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Personal email: _____

Date of Authorization

Signature

This entire process is completely confidential. No supervisor or member of management will see these authorization forms. If you do participate in a certification election, it will be conducted by the Ohio State Employment Relations Board (SERB). No supervisor or member of management will have the right to know how you vote.