A Union of Professionals
Staff Guild
Local 1521A

POWER OF REPRESENTATION

I, _____ Date_____
Name (Print)

hereby designate AFT in the person of:

_____
AFT Staff Guild Grievance Representative

_____
AFT Staff Guild Grievance Secretary

_____
AFT Staff Guild President

as my sole and exclusive representative for the purpose of investigation and representation with respect to the following grievance and/or personnel matter.

_____

I further authorize the AFT to have full and complete access to all letters, evaluations, documents, memoranda, records, and other materials which the AFT deems necessary to adjust my grievance and/or personnel matter.

I further agree that I will take no action independent of my AFT representative without first conferring with the AFT and/or rescinding this authorization. If I take independent action without conferring with the AFT and/or rescinding this authorization, I understand that the AFT may consider its representation obligations fulfilled and withdraw from this case.

_____ _____
(Address) (Signature)

_____ _____
(City, State, Zip) (Classification)

_____ _____
(Home Telephone No.) (Worksite Telephone No.)