MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

DECERTIFICATION SHOWING OF INTEREST

The undersigned no longer desire to have	as their exclusive bargaining representative.
(This form may be duplicated	d if additional space is needed.)

	Printed Name	Signature	Job Title	Date	Email Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					