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| **Showing of Interest** | |
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| I wish to be represented for the purposes of collective bargaining by Click here to enter text.. I request that the current exclusive representative Click here to enter text. be decertified. I understand that I have a right to revoke this showing of interest by contacting the Indiana Education Employment Relations Board (IEERB). I understand that this showing of interest will be deemed revoked if I sign a different showing of interest at a later date. | |
|  | |
| Name (Printed) |  |
| Job Title |  |
| School Employer |  |
| Signature |  |
| Date Signed |  |
|  | |
| IEERB Contact information: 143 West Market Street, Suite 400, Indianapolis, Indiana 46204  phone: 317-233-6630; fax: 317-233-6632; email: questions@ieerb.in.gov | |