



Date _____

Please send certification letter to:

Addressee _____
 Human-Resources Personnel
 Dept or Bldg Name _____
 Address _____
 City _____ ZIP _____

SEIU Local 721 Union Steward Certification/Decertification Form

New Certification Re-Certification Decertification

Member Name _____
Last First Middle

Employee # / SS # _____ Bargaining Unit _____

Department _____ Department # _____

Name of Building _____ Room # _____

Work Address _____ Work area _____

City _____ ZIP _____

Classification _____

Work Phone (_____) _____ ext _____

Work Fax (_____) _____

E-mail address _____

Shift _____ **(Please do not use "Day" or "Night" or "AM" or "PM".**
 Use approximate hours, i.e., 9:00 A.M. to 5:00 P.M.,
 2:30 P.M. to 10:30 P.M. Make sure to use A.M. or P.M.)

Check one: Steward Alternate Steward Other _____

Worksite Organizer _____ Division Director _____
(please sign name) Initials Only

Region/Division (check one): Social Services Courts GS III Health Services
 RN Special Districts LA/OC Cities Tri-Counties Inland Area

Employee's Home Address _____
 City _____ ZIP _____
 Home Phone (____) _____ Cell Phone (____) _____

PLEASE SUBMIT TO YOUR ASSIGNED ADMINISTRATIVE SUPPORT STAFF PERSON TO PROCESS.