



Election of Union Representation NNU-VA



National Nurses United-VA

Date: _____

To: Whom It may Concern

From: _____

I have elected the NNU-VA as my exclusive representative in the matter of:

Any official representative of this organization may have access to any and all official/unofficial written or oral information from this Medical Center or any of the Medical Center’s affiliations that may have bearing on this matter including but not limited to evidence folders, merged personnel folder information, etc.

Thank-you,

(Signature)