AUTHORIZATION FOR DECERTIFICATION PETITION
(REGISTERED NURSES)

We, the undersigned employees of ____RIVERSIDE COUNTY_____,
(Employer)
no longer desire to have __The Service Employees International Union 721 (aka SEIU 721)_____
(Employee Organization)
represent us for purposes of meeting and conferring/negotiating with the employer on wages, hours and other terms and conditions of employment.

Name	Job Title	Date	Signature

AUTHORIZATION FOR REPRESENTATION
(REGISTERED NURSES)

We, the undersigned employees of _____,
(Employer)
hereby authorize the ___The Regional Employees Association of Professionals (REAP)_____
(Employee Organization)
to be our representative for purposes of meeting and conferring/negotiating with the employer on wages, hours and other terms and conditions of employment.

Name	Job Title	Date	Signature