

UConn HEALTH

WAIVER OF UNION REPRESENTATION

I, _____, waive my right to Union Representation at the
Name

_____ held on _____.
Type of Meeting Date

I am signing this Waiver of Union Representation freely and voluntarily without duress, intimidation, undue influence or any threatened loss of benefit. I acknowledge that I fully understand the meaning, intent, and implications of this waiver.

Employee Signature

Date

Witness

Date