

# CERTIFICATION OF UNIONS AND NOTICE TO EMPLOYEES

Failure to return this form may adversely affect the final decision in your appeal.

Employer: \_\_\_\_\_

Citation & Notice No. \_\_\_\_\_ Docket No. (if known) \_\_\_\_\_

Do your employees belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No
Union Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Business Agent's Name: _____ Phone: _____
(Attach additional pages with complete information if there are multiple affected unions)

## Employees have been notified of the appeal and their right to participate by:

Posting at the work site:

- Copies of the notice of appeal and the L&I decision being appealed.
- The address and phone number of the Board of Industrial Insurance Appeals.

Date posted: \_\_\_\_\_

and/or

Providing to employee members of the safety committee:

- Copies of the notice of appeal and the L&I decision being appealed.
- The address and phone number of the Board of Industrial Insurance Appeals

Date provided: \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington, that the above information is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Washington.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name and Title (printed)

**Our address is on the back. You may fold this form in thirds, staple, and mail.**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place  
Stamp  
Here

BOARD OF INDUSTRIAL INSURANCE APPEALS  
NEW APPEALS SECTION  
PO BOX 42401  
OLYMPIA, WA 98504-2401

# **NOTICE TO EMPLOYEES**

## **WISHA Appeal Pending**

This employer has filed an appeal with the Board of Industrial Insurance Appeals (BIIA) contesting alleged violations of the Washington Industrial Safety and Health Act (WISHA). Copies of the appeal and L&I's decision being appealed are attached. You have the right to receive notice of and participate in any proceedings concerning this appeal.

If any employee or group of employees wishes to participate in BIIA proceedings please contact the BIIA at:

Board of Industrial Insurance Appeals

PO Box 42401

Olympia WA 98504-2401

(360) 753-6823