



ACE Association of Classified Employees of

Foothill-De Anza Community College District 12345 El Monte Rd, Los Altos Hills, CA 94022

REQUEST FOR REPRESENTATION FORM

(You may represent yourself or have anyone you choose represent you, but if you request Union representation, it is expected the Union will be your exclusive representative once your request is approved.)

MEMBER FULL NAME: _____

DATE: _____

LOCATION: Foothill College

De Anza College

Centralized Services

DISCIPLINE/GRIEVANCE *(Please state whether this is a grievance or discipline.)*

REASON FOR REPRESENTATION REQUEST *(Please state the contract provision and/or the factual reasons that support your request.)*

WITNESSES *(Please list all persons who know something about your issue.)*

I certify that this information is correct and to the best of my knowledge.

Signature: _____

Date: _____

Request Approved/Denied By: _____

If Denied Date Denial Letter Sent: _____

Date Appeal to Executive Board: _____

Executive Board Decision: _____

