***Important:*** *Do not send any information that would identify a particular school employee, including, but not limited to, the names of the school employees, with exception of the president of the exclusive representative must provide a name and signature to this affidavit.*

**School Employee Exclusive Representative Affidavit**

Comes now the­­­­­­­­­­ President of the Click or tap here to enter text., the exclusive representative of the bargaining unit of school employees of Click or tap here to enter text., being first duly sworn upon his or her oath, and testifies as follows:

1. The number of members of the exclusive representative (corporation-wide) as of September 15, 2024, is: Click or tap here to enter text..
2. Select one of the two options:

[ ]  Number of members of the exclusive representative as of September 15, 2024, by building (*add more rows if necessary)*:

|  |  |
| --- | --- |
| **Name of Building** | **Number of Members** |
|  |  |
|  |  |
|  |  |

[ ]  Attached is a signed, separate document to this affidavit that lists the number of members of the exclusive representative by building as of September 15, 2024.

(*Optional: recommended if known*) To the best of my knowledge, the number of bargaining unit members (corporation-wide) as of September 15, 2024, is Click or tap here to enter text..

I affirm under penalties for perjury that the foregoing representations are true and accurate to the best of my knowledge and belief.

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Exclusive Representative President Name |  | Exclusive Representative Email Address |
|  |  | Click or tap here to enter text. |
| Exclusive Representative President Signature |  | Date Signed |