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?	s 🗌 No
Union Name:	
Address:	
City: State:	Zip:
Business Agent's Name:	Phone:
Email Address:	
(Attach additional pages with complete information if	there are multiple affected unions)
 □ Posting at the work site: Copies of the notice of appeal and the L&I d The address and phone number of the Board Date posted: □ and/or □ Providing to employee members of the safety of the Copies of the notice of appeal and the L&I d The address and phone number of the Board Date provided: 	d of Industrial Insurance Appeals. committee: ecision being appealed. d of Industrial Insurance Appeals
I certify under penalty of perjury under the laws of the information is true and correct to the best of my knowled bated:	ledge. , Washington.

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