LOS ANGELES COUNTY
EMPLOYEE RELATIONS COMMISSION
ERCOMfilings@bos.lacounty.gov

REQUEST FOR AMENDMENT OF CERTIFICATION

This request may be filed pursuant to Rule 5.34 by an Employee Organization and/or by the Chief Executive Officer.

DO NOT WRITE IN THIS SPACE
FILE NO. AC
DATE FILED

INSTRUCTIONS:

A. Complete this request and submit an electronic .pdf copy to ERCOMfilings@bos.lacounty.gov.
B. Serve an electronic copy on affected parties, i.e., employee organizations, Department of Human Resources, Chief Executive Office unless the affected parties ask for a hard copy.

Full Name of Requesting Party

Address **Telephone**

Units Affected: **Certified Representative:**

CLASSES AFFECTED

Item No.	Title	Number of Employees*	Action Required**

I certify under penalty of perjury that the statements set forth herein are true and correct to the best of my knowledge and belief.

Signature **Title** **Date**

*Accretion Only
****A** - Accretion **D** - Deletion **IC** - Item Change Only **TC** - Title Change Only **I/TC** - Item and Title Change

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I, _____authorized representative of_____
Consent and agree to the action requested herein.

Signature **Title** **Date**

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Rev. 9/1/21 (ERC-6)