



NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD  
• Private Sector •

**WITHDRAWAL REQUEST FORM**

---

---

\*\*\* File this form by email to [sera@perb.ny.gov](mailto:sera@perb.ny.gov); by mail to New York State Public Employment Relations Board, P.O. Box 2074, ESP Agency Bldg 2, Floor 18, Albany, NY 12220-0074; or by fax to (518) 457-2664. \*\*\*

In the Matter of: \_\_\_\_\_  
Employer Name

Case No.: \_\_\_\_\_

**This is to request withdrawal of the above matter.**

\_\_\_\_\_  
Name of Withdrawing Party

BY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Withdrawal request approved.**

\_\_\_\_\_  
Signature  
Mariam Manichaikul  
Director, Private Employment Practices and Representation

\_\_\_\_\_  
Date