

West Virginia
Public Employees Grievance Board
Intervention Form

Please print. All information is required.

Pursuant to W. Va. Code § 6C-2-3(f), I request to _____ be made a party in this grievance which may substantially and adversely affect my right or property. My interest is not adequately represented by the existing parties.

Grievant's Name

Docket Number

Intervenor's full name

Agency, Institution, Board, Division

Intervenor's representative
(if applicable)

Intervenor's home address

Intervenor's work address

Representative's address

City, State and zip code

City, State and zip code

City, State and zip code

Intervenor's home phone number

Intervenor's work telephone number

Representative's telephone number

Intervenor's home E-mail address

Intervenor's work E-mail address

Representative's e-mail address

Intervenor's job title or classification

Intervenor's Signature

Date

1701 5th Avenue, Suite 2, Charleston, West Virginia 25387

Phone: (304) 558-3361

Toll-Free: (866) 747-6743

Facsimile: (304) 558-1106

<http://www.pegb.wv.gov>

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