



**State of Delaware  
Public Employment Relations Board  
4<sup>th</sup> Floor, Carvel State Office Building  
820 N. French Street  
Wilmington, Delaware 19801**

**Telephone: (302) 577-5070  
Facsimile: (302) 577-3297**

**DESIGNATION OF COUNT OBSERVER**

\_\_\_\_\_ (Name of employee organization or  
public employer)

The below named observer is hereby designated to serve as election count observer to witness the counting of the ballots in the (*Certification or Decertification*) election involving the (*bargaining unit description*) on (*date*). The counting of the ballots will be conducted in (*location and address*) at (*time of count*).

	<u>NAME</u>	<u>POSITION</u>
Observer:	_____	_____
Address:		
Observer:	_____	_____
Address:		

This form is to be completed and signed by the official designated below and must be received in the offices of the Public Employment Relations Board no later than 4:30 p.m. on (*date*).

\_\_\_\_\_  
Designated Rep:  
Organization:

*You may file this form with the PERB by facsimile at (302) 577-3297.*