

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
400 South Pine Street, Suite 102, Lansing, Michigan 48913
or P.O. Box 30002, Lansing, Michigan 48909
TELEPHONE: 517-335-5588
E-MAIL: MCSC-ERB@michigan.gov
WEBSITE: www.mi.gov/erb

INSTRUCTIONS: To certify that you sent copies to the other parties, attach this form to all documents filed with the Board that were not served on other parties via email. Use additional pages if necessary. You do not need to provide a copy of this form to the party being served.

PROOF OF SERVICE TO OTHER PARTIES

CASE NAME			
DECISION NUMBER		REFERENCE NUMBER	
PARTIES SERVED		DELIVERY METHOD USED	
NAME AND ADDRESS		<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____	
NAME AND ADDRESS		<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____	
NAME AND ADDRESS		<input type="checkbox"/> Personal Delivery <input type="checkbox"/> First Class U.S. Postal Service <input type="checkbox"/> Overnight Mail Service <input type="checkbox"/> Interdepartmental Mail <input type="checkbox"/> Certified U.S. Postal Service: Receipt No. _____ <input type="checkbox"/> Other: _____	
DOCUMENTS SERVED			
I, _____, certify that on _____, I served all parties or their representative(s) of record, at the address(es) shown above, with a copy of the following documents:			
1.			
2.			
3.			
4.			
SIGNATURE AND MAILING ADDRESS OF FILING PARTY			
SIGNATURE			DATE
NAME (PLEASE PRINT)		STREET ADDRESS	
CITY	STATE	ZIP	EMAIL