

State of Michigan  
Civil Service Commission  
**EMPLOYMENT RELATIONS BOARD**  
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WEBSITE: [www.mi.gov/erb](http://www.mi.gov/erb)

**INSTRUCTIONS:** Attach this form to all documents filed with the Board to certify that you have also sent copies to the other parties. Use additional pages if necessary. You must provide a copy of the proof of service to the Board, but do not need to provide a copy 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