

## WAIVER OF UNION REPRESENTATION

I waive my right to have union representation during this internal investigation conducted by the Minnesota Department of Transportation. This waiver shall remain effective throughout the course of this investigation, unless I specifically request representation at a later time.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

## **GARRITY WARNING**

(Witness Advisory Regarding Required Cooperation)

The Department of Transportation is currently conducting an investigation into allegations concerning an employee's alleged misconduct/violation of the Zero Tolerance for Violence Policy. You have been identified as someone who may have information that would assist in this investigation.


The Department requires that you cooperate with this investigation by truthfully answering all questions asked of you by the persons conducting the investigation. Your failure to do so could lead to disciplinary action against you, including dismissal.

You are also advised that use immunity exists for any information you provide; because you are being required to answer questions under a threat of disciplinary action, the information you provide cannot and will not be used against you in any criminal proceedings.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**WARNING: Consult with Mn/DOT Labor Relations Section or the Department of Employee Relations, Labor Relations, before using this form**

 Applies only to the specific charges into which the employer is investigating