

# AFFIDAVIT

My name is \_\_\_\_\_. I am an employee of the State of Maryland, with the following state agency \_\_\_\_\_. My position classification is \_\_\_\_\_.

I am in receipt of an undated and unsigned letter from Cynthia A. Kollner, Acting Executive Director of DBM Office of Personnel Services and Benefits informing me that DBM intends to release my home address and home phone number to AFSCME. I received this letter on the following date: \_\_\_\_\_. I received the letter in the following manner: \_\_\_\_\_. The letter instructs me that if I wish to prevent the release of my home address and home telephone number to AFSCME I must complete and return the letter to DBM by close of business on April 17, 2007. The letter further states that "the law allows employees to notify DBM within 15 days of this notice if they do not wish for their information to be released." I have not been permitted the full 15 days in which to respond to the notice as contemplated by law.

I HEREBY affirm under the penalty of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief. I further affirm that I am over eighteen (18) years of age and am competent to testify.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date