



Office of Congressional Workplace Rights

LABOR MANAGEMENT – WITHDRAWAL REQUEST FORM

Completed forms may be e-mailed to LMR@ocwr.gov; mailed or dropped off to Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or faxed to (202) 426-1913.

Re: _____
(Name of Employing Office)

Case No. _____

This is to request withdrawal of the above-named case.

(Name of Party Filing)

By _____
(Name of Representative)

(Signature)

(Date)

WITHDRAWAL REQUEST APPROVED.

Office of Congressional Workplace Rights

Executive Director

Dated: _____

OCWR Form 43 – Revised 7/2022

Room LA-200, John Adams Building · 110 Second Street, SE · Washington, DC 20540-1999 · t/202.724.9250 · f/202.426.1913

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