

**PIMA COUNTY GOVERNMENT
EMPLOYEES COMBINED APPEAL PROGRAM (ECAP)
PETITION FORM**

We, the undersigned employees of Pima County, wish to include (Agency Name) _____
in the Employees Combined Appeal Program (ECAP) campaign. The purpose of the agency or organization is _____.

The petition form is sponsored by (Employee name): _____.

NAME (SIGNATURE)	PRINT LAST NAME	DEPARTMENT
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