



SEIU-UHW Vacancy Leadership Election Nomination Petition: Hospital Division

We, the undersigned, support the nomination(s) of: *Print Name(s) of Nominee(s) below:*

Print Name(s): _____

Slate Name: _____
 (Optional)

Check only ONE position below:

Executive Committee Position

_____ *(Print the name of your hospital)*

Executive Board Position

_____ *(Print the name of your hospital)*

1	SIGNATURE	PRINT NAME	HOME ADDRESS <i>(required for verification)</i>
	EMPLOYEE NUMBER	WORK FACILITY	
	PHONE NUMBER <i>(include area code)</i>	DATE	EMAIL ADDRESS
2	SIGNATURE	PRINT NAME	HOME ADDRESS <i>(required for verification)</i>
	EMPLOYEE NUMBER	WORK FACILITY	
	PHONE NUMBER <i>(include area code)</i>	DATE	EMAIL ADDRESS
3	SIGNATURE	PRINT NAME	HOME ADDRESS <i>(required for verification)</i>
	EMPLOYEE NUMBER	WORK FACILITY	
	PHONE NUMBER <i>(include area code)</i>	DATE	EMAIL ADDRESS
4	SIGNATURE	PRINT NAME	HOME ADDRESS <i>(required for verification)</i>
	EMPLOYEE NUMBER	WORK FACILITY	
	PHONE NUMBER <i>(include area code)</i>	DATE	EMAIL ADDRESS
5	SIGNATURE	PRINT NAME	HOME ADDRESS <i>(required for verification)</i>
	EMPLOYEE NUMBER	WORK FACILITY	
	PHONE NUMBER <i>(include area code)</i>	DATE	EMAIL ADDRESS

Nominee(s) Must Sign and Date Below:

Nominee's Signature	Date	Nominee's Signature	Date
1		2	

Completed petitions and nomination forms must be mailed to: SEIU-UHW Elections Committee c/o PO Box 23323, Oakland, CA 94623 and **must be received** no later than 5pm, the day nominations close. Opening and Closing dates of nominations are posted on the website at www.seiu-uhw/boardelections.