



**SEIU-UHW NOMINATION FORM
Hospital Division**

I, _____, am nominating myself for the
(PRINT NAME)
following elected leadership position: (check only ONE position)

Executive Committee Position

_____ (Print the name of your hospital)

Executive Board Position

_____ (Print the name of your hospital)

Please Print:

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Email: _____ Hospital Employer: _____

Please print exactly how you would like your name to appear on the ballot. Names will appear on the ballot in alphabetical order:

Name: _____

Hospital: _____

Slate Name (Optional): _____

Nominee Signature: _____

ELIGIBILITY

No member shall be a candidate for more than one office. No member may run for a division or facility outside of the one in which they work. A member shall be eligible to be nominated if he/she has been a member of SEIU-UHW in continuous good standing for at least one year as of the day nominations open. Members in good standing, who are staff of the Local Union, are not eligible to run for these positions.

Completed nomination form and petitions 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.org/boardelections.