



# 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)*

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

**Nominee(s) Must Sign and Date Below:**

| Nominee's Signature | Date | Nominee's Signature | Date |
|---------------------|------|---------------------|------|
| <b>1</b>            |      | <b>2</b>            |      |

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](http://www.seiu-uhw/boardelections).