

NOMINATION FORM
CLASSIFIED, FT FACULTY AND PT/VL FACULTY UNIT CO-CHAIRS
Two (2) Positions for each Unit

I nominate _____

and _____

as Co-Chairs of the Classified Bargaining Unit / Full-time Faculty Bargaining Unit / PT/VL Bargaining Unit.
(Please circle one.)

Signature

Signature of Nominees:*

I accept the nomination: _____

I accept the nomination: _____

Nomination form is not valid without signature of nominee.

Nomination forms can be hand-delivered or mailed to: FSFCCP 2026, Room BR-63, 1700 Spring Garden Street, Philadelphia, PA 19130.

DEADLINE for receiving this form in the Federation Office, Room BR-63:

FRIDAY, OCTOBER 23, 2009, 4:00 P.M.

NOMINATION FORM
DEPARTMENT REPRESENTATIVE

Department: _____ Bargaining Unit: _____

FT / PT/VL / CE

I nominate _____

for union representative for my department.

Signature

Signature of Nominee:*

I accept the nomination: _____

Nomination form is not valid without signature of nominee.

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