Workplace Occupational Health & Safety (OH&S) Committee Call for Nominations

Submit Nomination Forms to:

Nomination Deadline:

Elections will take place:

As per SGEU Constitution:

- 5.6 Occupational Health Committees
- 5.6.1 Worker representatives on Occupational Health Committees must be elected on a biennial basis, by the workers they represent.
- 5.6.2 Stewards shall be responsible for conducting elections for Occupational Health Committees.
- 5.6.3 At least one (1) steward or his/her designate shall be a member of every Occupational Health Committee.
- 5.6.4 The worker co-chairperson shall be elected by the worker members of the Committee.
- 5.6.5 Vacancies on such committees shall be filled by election by the members in the workplace.
- 5.6.6 Any member of an Occupational Health Committee may be recalled as per Constitutional Article 8.
- 5.6.7 Bargaining units may adopt bylaws to meet specific circumstances, but bargaining unit bylaws shall not be inconsistent with this Article.
- 5.6.8 SGEU members shall not act as the management co-chair or as a member of the management side of the Occupational Health and Safety Committee unless the workplace has no out of scope managers working at it.

Workplace Occupational Health & Safety (OH&S) Committee Member Nomination Form

Nominations are being accepted for your Workplace Occupational Health & Safety (OH&S) Committee Members/Representatives

Nominations Commence (D	. ,
Nominations End (Date/Tim	
Submit Completed Nominat	ion Forms to:
If you have any questions or concerns, please	contact your workplace Chief Steward/Steward
Nominee:	Phone:
Workplace:	
Location/Department:	
Signature:	
Nominated by	
(must be in-scope member):	_1
	Phone:

Workplace Occupational Health & Safety (OH&S) Committee Member Acceptance Form

n accepting nomination of the position of
, do hereby sincerely pledge my word to
he Saskatchewan Government and General Employees' Union (SGEU) that I w
ruly and faithfully perform the duties of my office in accordance with the SGEI
Constitution, Statement of Equality, the Policies and the Bylaws of the Union.
ignature:
Work Location:
Date:
Email:
Contact Numbers
Nork:
Cell:
lome:

My goals for the future with the Union:

As a Workplace Occupational Health & Safety Committee member, to ensure respect, equality, safety and solidarity.

Please submit the completed and signed Member Acceptance Form to your Chief Steward/Steward.



Workplace Occupational Health and Safety (OH&S) Committee Member Position RegistrationForm

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Suite No., Street Address	City/Town/Province	Postal Code	
Mailing Address (If Different than Re	esidence Address)		
Suite No., Street Address	City/Town/Province	Postal Code	
SGEU Member No.	Home Phone No.	Cell Phone No.	
Home Email Address			
WORKPLACE INFORMATION			
Employer	Sector	Ministry/Department (if applicable)	
Workplace Address (Physical Addres	s/Location)		
Street Address	City/Town/Province	Postal Code	
Provide the following information if	you agree that contact can be ma	de with you at your place of work:	
Work Phone No.		Work Email Address	
POSITION REGISTRATION INFORMA	TION		
Check Only One Box:	ace OH&S Committee Co-chair	☐ Workplace OH&S Committee Member	
Position Start Date		Position Expiry Date	
OH&S Committee Member you are Replacing		Date Effective	
Signature of Member Registering		Date	
Signature of Authorized Chief Steward/Steward		Date	