

Date: _____



SHOP STEWARD NOMINATION FORM

Fill out the required areas of the form below.

*Please ensure to include your workplace location.

**If you work at the PPC/PIF please include the shift you currently hold an assignment on.

All nominees must have completed a Basic Shop Steward course to be eligible.

I _____ nominate _____ to Shop Steward
(print name clearly) (print name clearly)

Signature + Workplace/Depot/Shift

I _____ accept my nomination as Shop Steward
(print name clearly)

Signature + Workplace/Depot/Shift

Incomplete forms will not be accepted.

Please forward by mail or dropped off: Unit 130-111 Victoria Dr. Vancouver, BC V5L 4C4 or, by fax (604)-685-6581

All forms must be received by February 26@ 12:00pm