



**ONA LOCAL 80**  
**SUNNYBROOK BARGAINING UNIT**  
**NOMINATION FORM**

**This is a Call for Nominations for the Sunnybrook Bargaining Unit.**

Please print all information except where signatures are required. **Please note both the Nominators and the Candidate must be members with entitlement of ONA Local 80. Submit no later than midnight October 3, 2023.**

I \_\_\_\_\_ and \_\_\_\_\_  
Print Name Print Name

Nominate \_\_\_\_\_ for Bargaining Unit Position \_\_\_\_\_  
Print Name

_____ Signature of Nominator 1	_____ Print Name of Nominator 1	_____ ONA I.D Number
_____ Signature of Nominator 2	_____ Print Name of Nominator 2	_____ ONA I.D. Number

I \_\_\_\_\_ accept the nomination.  
Print Name

\_\_\_\_\_  
Signature of Candidate ONA I.D. Number

\_\_\_\_\_  
Date

**All Nurses Nominated and holding the position of ONA Unit Representative and/or any other position on the Executive shall inform their Manager immediately as per your Collective Agreement.**

**Please return the Nomination Form to the ONA Main Office, Rooms H214/H215, Sunnybrook Site, or via fax at 416-480-6867, or by email to Paul LoStracco at [Paul.LoStracco@sunnybrook.ca](mailto:Paul.LoStracco@sunnybrook.ca).**