



ONA LOCAL 80
UNIT REPRESENTATIVE
Nomination Form

This is a call for Nominations for Local 80

Please print all information except where signatures are required. Please note both the Nominators and the Candidate must both be members with entitlement of ONA Local 80.

I [signature line] and [signature line]
(Print Name - Nominator 1) (Print Name - Nominator 2)

Nominate [signature line]
(Print Name)

for Unit Rep on Unit [signature line]

[signature line]
(Signature of Nominator 1)

[signature line]
(ONA I.D. Number)

[signature line]
(Signature of Nominator 2)

[signature line]
(ONA I.D. Number)

I [signature line]
(Print Name)

accept the nomination.

[signature line]
(Signature of Candidate)

[signature line]
(ONA I.D. Number)

[signature line]
(Date)

It is expected that once a Nurse is Nominated and holds the position of ONA Unit Representative she/he will inform their Manager immediately as per your Collective Agreement.

Please return the Nomination Form to the WCH Bargaining Unit President at wchbup@ona.org, no later than midnight October 3, 2023.

[Type here]