



NOTICE OF 2020 NOMINATIONS AND ELECTION OF HPAE LOCAL 5105 OFFICERS

The Nominations/Election Committee announces that there are six Local 5105 officer positions that are up for election this year. The local has added the Grievance Chairperson positions. Nominations for these positions are currently being accepted by the nomination committee.

POSITIONS:

President
Vice President of Hospital
Vice President Homecare
Treasurer/Secretary
Grievance Chairperson Hospital
Grievance Chairperson Homecare

TERM OF OFFICE:

September 1, 2020 through August 31, 2022

**NOMINATIONS
PROCEDURE:**

Attached you will find a Nomination/Declaration Statement. Return completed form directly to a committee member or to HPAE Local 5105 Nominations/Elections, PO Box 119, Emerson, New Jersey, 07630. Union office phone number (201) 262-5005.

**NOMINATIONS
DEADLINE:**

July 27, 2020

ELECTION DATE:

Ballots to be mailed to all members in August. Candidates may be present for the mailing of the ballots. If it is an uncontested election, the committee will cast one ballot on behalf of the state, in which case no ballots will be sent. Please advise the committee if you wish to be present at the mailing of the ballots. Candidate must confirm nomination has been received by a committee members otherwise name may not appear on ballot.

ELIGIBILITY:

Any HPAE Local 5105 member in good standing is eligible to run for office.

HPAE LOCAL 5105 NOMINATION/ELECTION COMMITTEE: Cindy Stepp, Dawn Jones and Jeffrey David Ball (HPAE Staff Representative, jball@hpae.org)

NOMINATION/DECLARATION STATEMENT

As a member in good standing of HPAE Local 5105, I wish to nominate
(You may only nominate a Vice President from your Division)

For President

(Please print nominees name)

(Candidates Signature)

For Vice President Hospital

(Please print nominees name)

(Candidates Signature)

For Vice President Homecare

(Please print nominees name)

(Candidates Signature)

For Secretary Treasurer

(Please print nominees name)

(Candidates Signature)

For Grievance Chairperson Hospital

(Please print nominees name)

(Candidates Signature)

For Grievance Chairperson Homecare

(Please print nominees name)

(Candidates Signature)

(Please print your name)

(Your Signature)

You may nominate yourself. Candidates, who are nominated, must sign this form.
By signing, this shows the nomination /Election Committee that the candidates
accept the nomination. If form is not properly signed, it will become void.



This must be completed and received by July 27, 2020