

NOTICE OF 2023  
NOMINATIONS AND ELECTION  
OF HPAE LOCAL 5089 OFFICERS



The Nominations/Election Committee announces that there are eleven (11) local officer positions that are up for election this year as well as Representative positions. The officer positions are ***President, four (4) Vice Presidents for University Hospital, one (1) Vice President for RBHS, one (1) Vice President for UCHC, Secretary, Treasurer and one (1) Grievance Chairperson Rutgers and one (1) Grievance Chairperson University Hospital*** The nomination committee is currently accepting nominations for these positions.

**POSITIONS:**

- One (1) President
- Four (4) Vice Presidents for University Hospital
- One (1) Vice President for RBHS
- One (1) Vice President for UCHC
- One (1) Secretary
- One (1) Treasurer
- One (1) Grievance Chairperson Rutgers
- One (1) Grievance Chairperson University Hospital

(Job descriptions can be found in your Local Constitution and By-Laws.)

**TERM OF OFFICE:** January 1, 2024 through December 31, 2025.

**NOMINATIONS PROCEDURE:** Candidates must obtain ten percent of membership or twenty (25) signatures from fellow members in good standing, whichever number is less. Number of signatures needed is listed on the nomination form. Attached you will find a copy of the Nomination Petition Form. This form must be complete, including all signatures to be valid. Return completed form to Local 5089 Nominations and Elections, P.O. Box 119, Emerson, New Jersey 07630 or emailed to [elections@hpae.org](mailto:elections@hpae.org). Union office phone number (201) 262-5005. Candidates must confirm receipt of nomination from a committee member by the deadline. If not confirmed, the committee cannot guarantee name will appear on ballot. Full Candidate Election rules can be found on your local website page or by contacting Jeffrey Ball at [jball@hpae.org](mailto:jball@hpae.org) There will be no write in ballots.

***DO NOT PLACE FORM IN UNION MAILBOX.***

**NOMINATIONS DEADLINE:** 10:00 a.m. on November 30, 2023

**ELECTION DATE:** Ballots to be mailed to all members in December. If it is an uncontested election, the committee will cast one ballot on behalf of the slate in which case no ballots will be sent. All candidates may examine membership list and be present for the mailing and counting of the ballots. You must advise the committee in writing if you wish to be present or would like to view membership list. The reason for this is they will then share all the necessary information such as place and time. Candidates must abide by “rules of conduct” establish by committee. They can be found on the local’s website or by contacting Jeffrey Ball at [jball@hpae.org](mailto:jball@hpae.org)

**ELIGIBILITY:** Any HPAE Local 5089 member in good standing is eligible to run for office, they must be a member for a period of six months prior to date of election.

**HPAE LOCAL 5089 NOMINATIONS/ELECTION COMMITTEE:** Marie Lafortune, Ivette Salgado, Edwin Fernandez and Jeffrey Ball (HPAE Staff Representative, [jball@hpae.org](mailto:jball@hpae.org))

# HPAE LOCAL 5089 2023 OFFICER ELECTION NOMINATION PETITION

PLEASE READ AND COMPLETE.

This Nomination Petition must be completed and signed by ten percent or twenty-five (25) members in good standing, whichever is less according to department numbers. Number of signatures needed is listed after officer position below. Once petition is complete, please email to [elections@hpae.org](mailto:elections@hpae.org) or mail to HPAE Local 5089 Nominations/Elections, PO Box 119, Emerson, New Jersey, 07630. Any petition, which is incomplete, or received after 10:00 a.m. on November 30, 2023, will be void. Members may nominate themselves.

As a member in good standing of HPAE Local 5089, I nominate the following member,

\_\_\_\_\_ for the office of:  
(Please print nominee's name)

**Please check one**

**Number of  
Signatures NEEDED.**

- |   |    |
|---|----|
| <input type="checkbox"/> President  | 25 |
| <input type="checkbox"/> Vice President - UH Emergency Services and Critical Care   | 25 |
| <input type="checkbox"/> Vice President – UH Family Health Services or Clinic Areas | 11 |
| <input type="checkbox"/> Vice President – UH Med Surg or Case Management            | 24 |
| <input type="checkbox"/> Vice President - UH Perioperative Services                 | 14 |
| <input type="checkbox"/> Vice President – Rutgers RBHS                              | 22 |
| <input type="checkbox"/> Vice President – Rutgers UCHC                              | 19 |
| <input type="checkbox"/> Secretary  | 25 |
| <input type="checkbox"/> Treasurer  | 25 |
| <input type="checkbox"/> Grievance Chairperson Rutgers                              | 25 |
| <input type="checkbox"/> Grievance Chairperson University Hospital                  | 25 |

Local member's name, department and signature

Print Name	Department	Signature
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

Over

- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_
- 16) \_\_\_\_\_
- 17) \_\_\_\_\_
- 18) \_\_\_\_\_
- 19) \_\_\_\_\_
- 20) \_\_\_\_\_
- 21) \_\_\_\_\_
- 22) \_\_\_\_\_
- 23) \_\_\_\_\_
- 24) \_\_\_\_\_
- 25) \_\_\_\_\_

I accept the above nomination.

\_\_\_\_\_  
 (Please print nominee's name)

\_\_\_\_\_  
 (Nominee's signature and last four digits of Social Security)

\_\_\_\_\_  
 (Phone number)

\_\_\_\_\_  
 (Email address)

*You may nominate yourself. By candidate signing and including last four digits of Social Security, this shows the Nomination/Election Committee that the candidate accepts the nomination. If form is not properly signed or complete, it will become void*

If additional nomination forms are needed, please contact a Nomination committee member or call Jeffrey Ball at 800-801-5005.