

Ohio State Chapter Delegate Nomination Form

Name of Person Nominated: _____

Classification: _____

Shift: _____

Agency: _____

Nominated by who? (Must be nominated by three District 1199/SEIU co-workers.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

For Person Nominated: (Please complete)

Home Address: _____

City and Zip Code: _____

Home phone number: _____

Work phone number: _____

Home e-mail: _____

Work e-mail: _____

Organizer: _____

Date sent: _____

- To be a delegate you must:**
1. Attend the Grievance Chair training
 2. Attend the Delegates' Assembly
 3. Attend at least one other Union training per year

Must be mailed to:
SEIU/District 1199
1395 Dublin Rd
Columbus, Ohio 43215
Phone: 800-227-1199
Phone: 614-461-1199
Fax 614-461-1549

