Oregon Federation of Nurses & Health Professionals AFT AFL-CIO

OFNHP STEWARD NOMINATION PETITION

We, the undersigned OFNHP members from _____ (*dept*) at _____ (*worksite*), do hereby nominate _____ _____ (*full name*) to represent us as a steward.

By signing this petition, we are confirming that we respect the nominee and believe that the nominee will represent our department faithfully in enforcing our contracts, representing members in joint discoveries and grievances, and will work with our union leaders to improve working conditions in our department, at our facility, and in our region.

Signatures needed: A majority of the workgroup or 10 members, whichever is fewer.

Print Name	Signature	Email (optional)

Return completed nomination form to your Internal Organizer or to the OFNHP office.
1500 NE Irving St, Suite 575, Portland, OR 97232 | Email: itsmyunion@ofnhp.org | fax: (503) 657-7456