



NOTICE OF 2017 SPECIAL NOMINATION AND ELECTION OF HPAE LOCAL 5107 VICE PRESIDENT & VNA REPRESENTATIVES

The Nomination/Election Committee announces a Special Election for the position of Local 5107 Vice President. There are three elected Vice Presidents, but one position is currently held by an appointed officer. We are holding a special election for this position. There are also 8 Representative positions open for nurses working at VNA. Nominations for these position are currently being accepted by the nomination committee. These positions are for the remainder of the current two-year term.

POSITION: Vice President
8 VNA Representative
(Job descriptions can be found in your Local Constitution and By-Laws.)

TERM OF OFFICE: Completion of Election through December 31, 2018

**NOMINATIONS
PROCEDURE:** You may nominate any member for Vice President position. Only VNA members may nominate Representatives. Below and in the back you will find a copy of the Nomination Form. Return completed nomination form to **HPAE Local 5107 Nominations/Elections, PO Box 119, Emerson, New Jersey, 07630**. Union office phone number (201) 262-5005.

DO NOT PLACE FORM IN UNION MAILBOX.

**NOMINATIONS
DEADLINE:**

Must be received by 1:00 p.m. on July 10, 2017

ELECTION DATE: Ballots to be mailed to all members in July. If it is an uncontested election, the committee will cast one ballot on behalf of the officer, in which case no ballots will be sent. Candidates may be present for the mailing of the ballots. Please advise the committee if you wish to be present at the mailing of the ballots.

ELIGIBILITY: Any HPAE Local 5107 member in good standing is eligible to run for office.

HPAE LOCAL 5107 NOMINATIONS/ELECTION COMMITTEE: Laura Dymond laurajdymond@hotmail.com, Abdul Umoru abdul.umoru6@gmail.com, and Jeffrey David Ball jball@hpae.org (HPAE Staff Representative)

Nominations Form

As a member in good standing of HPAE Local 5107, I nominate the following member for the position of Vice President:

☐ Vice President

(Please print nominee's name)

(Candidate's Signature)

Candidates who are nominated must sign this form. By signing, this shows the nomination /Election Committee that the candidate accepts the nomination. **If form is not properly signed, it will become void.**

VNA Representative Nominations on back

VNA Representatives

As a member in good standing of HPAE Local 5107 VNA, I nominate the following members for the office of representative: (Only members of VNA may make nominations for these positions)

☐ VNA of Englewood
(You may nominate up to three)

| | |
|-------------------------------|-------------------------|
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |

VNA Health Group of New Jersey
(Must work in Team nominated for.

| | |
|-------------------------------------|-------------------------|
| <input type="checkbox"/> Team 61 | |
| _____ | _____. |
| (Please print nominee's name) | (Candidates Signature) |
| <input type="checkbox"/> Team 62 | |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |
| <input type="checkbox"/> Team 63 | |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |
| <input type="checkbox"/> Team 64/65 | |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |
| <input type="checkbox"/> HCICs | |
| _____ | _____. |
| (Please print nominee's name) | (Candidate's Signature) |

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

This must be completed and received by July 10, 2017.

| | |
|---------------------------------------|------------------|
| _____ | _____. |
| (Please print your name and facility) | (Your Signature) |