



## NOTICE OF 2020 NOMINATION AND ELECTION OF HPAE LOCAL 5107 OFFICERS & REPRESENTATIVES

The Nomination/Election Committee announces an election for Local 5107 officers, President, three Vice Presidents, secretary/treasurer. There are also Representative positions open. Nominations for these positions are currently being accepted by the nomination committee. These positions are for the remainder of the current two-year term.

**POSITION:** President  
(3) Three -Vice-Presidents  
Secretary/Treasurer  
Representatives  
*(Job descriptions can be found in your Local Constitution and By-Laws.)*

**TERM OF OFFICE:** Completion of Election through December 31, 2022

**NOMINATIONS  
PROCEDURE:** You may nominate any member for any officer position. Please only nominate Union Representatives from your facility. If you fill in others, they will be void. Attached 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 December 21, 2020

**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 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. Candidates must confirm receipt of nomination by December 22, 2020 or may not appear on ballot.

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

**HPAE LOCAL 5107 NOMINATIONS/ELECTION COMMITTEE:** Iwona Bagares, Venesia Campbell and Jeffrey David Ball [jball@hpae.org](mailto: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: (Please check one)

☐ President   ☐ Vice President   ☐ Secretary/Treasurer

\_\_\_\_\_  
(Please print nominees name)

\_\_\_\_\_  
(Candidates 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.**

***Representative Nominations on back***

**Representatives**

As a member in good standing of HPAE Local 5107, I nominate the following members for the office of representative:

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

_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)

VNA Health Group of New Jersey  
*(Must work in Team nominated for. Please check one)*

☐ Team 61    ☐ Team 62    ☐ Team 63    ☐ Team 64/65    ☐ HCICs

_____	_____.
(Please print nominees name)	(Candidates Signature)

☐ Llanfair House  
*(You may only nominate from your facility and up to three)*

_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)

☐ Phoenix Center  
*(You may only nominate from your facility up to six)*

_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates Signature)
_____	_____.
(Please print nominees name)	(Candidates 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 1:00 p.m. on December 21, 2020.**

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