**UWO/UWOSA Employee Assistance Program (EAP) Joint Committee Nomination Form**

|  |  |
| --- | --- |
| **I,** | Name |
| **submit my name for the position of UWOSA representative on the UWO/UWOSA Employee Assistance Program (EAP) Joint Committee** | |
| I would like to be the UWOSA EAP Joint Committee Rep for the following reason(s), and will bring the following skills, education, and knowledge to the position: | |
|  | |
| **X signature** | |

Submit to UWOSA:

UCC 255

info@uwosa.ca

**by 4:00 pm on Friday, December 9, 2022**