**UWO/UWOSA Joint Committees**

**Nomination Form**

|  |  |
| --- | --- |
| **I,** | Name |
| **Self-nominate myself as the UWOSA representative on the following UWO/UWOSA joint committee (check one box only):**  □Employee Assistance Program  □ Parking Appeals Committee  □ Safety of Women on Campus  □ Joint Occupational Health and Safety  □ **Western Staff and Leader’s Conference**  □ Environmental & Lab Safety | |
| **X signature** | |

**Because** (print or type a short paragraph why you want to be a joint committee representative and what skills, education, and knowledge you will contribute)

Submit to UWOSA:

c/o UWOSA Elections Chair

elections@uwosa.ca

**By 4:00 pm on Monday, March 18, 2024**