



# STEWARD NOMINATION AND ELECTION NOTICE

PEF Division # 249

Division Name: ST. LAWRENCE PSYCHIATRIC CENTER

PETITION  
FORM ON  
REVERSE

The nominations and vacancy election process for **PEF DIVISION # 249** will be held under the standard operating procedures of the New York State Public Employees Federation. There are presently (4) positions available:

Constituency (# of available seats)

- A: Adult Inpatient Unit—Trinity Building, Northwood Manor, Plant Facilities (1)
- C: Ogdensburg Wellness Center, Ogdensburg ICM, MIT (1)
- E: OASAS, St. Lawrence Alcohol and Addictions Treatment Center (1)
- G: Gouverneur Wellness Center, MIT Gouverneur, Watertown (1)  
Child and Adolescent Wellness Center, MIT Watertown, ICM

Election term ends December 31, 2023

To be nominated, one must be a PEF member and obtain the signatures of at least five (5) members in the appropriate constituency. If you are presently **not** a PEF member, you may obtain a PEF Membership Application from the Election Committee. **A PEF member may sign only one (1)-nominating petition for their Steward constituency. A nominee may not sign his/her own petition.**

**ORIGINAL HANDWRITTEN SIGNATURES ONLY (DIGITAL SIGNATURES NOT ACCEPTED)**

The Election Committee members are as follows: Kristie Furman, Director of Divisions. Divisions Department 518-785-1900 ext. 337 or 800-342-4306 ext. 337.

Petitions must be received in hand in the Divisions Elections Department at PEF Headquarters, by **5:00pm** on:

**MAY 31, 2022.**

Petitions may not be returned in person to PEF Headquarters or PEF Regional Offices. Forms are to be returned:

<b>BY MAIL</b>		<b>BY EMAIL (Scan or photo)</b>
<b>Public Employees Federation</b>		
<b>Divisions Elections Department</b>	<b>or</b>	<b>EMAILED TO: DIVISIONS@PEF.ORG</b>
<b>PO Box 12414</b>		
<b>Albany, NY 12212</b>		

Please note that if you are mailing your petition by overnight mail, it **MUST** be addressed as follows:  
**Public Employees Federation, C/O Divisions Department, 1168-70 Troy-Schenectady Road, Latham, NY 12110.**  
**This address is only to be used for overnight mail.**

Elections will be held only in those constituencies, which have more nominees than open positions. Elections shall be conducted by mail by the Divisions Elections Department. A double envelope system shall be used.

Ballots will be mailed by June 7, 2022 to be returned by June 29, 2022.

Duplicate ballots shall be available upon request.

Any complaints concerning the fairness of these elections, which are not resolved by the Election Committee, should be brought to the attention of your Regional Coordinator.

**Petition on reverse side.**



# NOMINATING PETITION FOR STEWARD

PEF Division # 249

Division Name: ST. LAWRENCE PSYCHIATRIC CENTER

**FILL OUT ALL SECTIONS COMPLETELY**

Your Petition ID is the first four letters of your first name and the first four letters of your last name as printed on your paycheck; and your home zip code.

**Nominee Section 053122**

Nominee Petition ID

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Name (Print): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Email (personal, not work) \_\_\_\_\_

**IMPORTANT NOTICE to the members signing this petition: You must print, your "Petition ID": along, with your printed name and signature to complete this petition for your signature to be valid. The Petition ID# consists of "the first four letters of your first name and the first four letters of your last name EXACTLY AS PRINTED ON YOUR PAYCHECK and the five numbers of your home zip code. FOR EXAMPLE – JOSEPH SMITH = J O S E | S M I T | 9 9 8 8 7**

Members signing petitions can only sign a petition once per office. Candidates are not allowed to sign their own petition. Candidates must sign at the bottom of the petition form to accept nomination. Only PEF members may sign petitions.

**Original Signatures Only**

**We the undersigned PEF members endorse the above named nominee**

	PRINT FULL NAME	SIGNATURE	FIRST FOUR FIRST NAME	FIRST FOUR LAST NAME	HOME ZIP CODE
EXAMPLE	JOSEPH SMITH	<i>JOSEPH SMITH</i>	J O S E	S M I T	99952
1			_____	_____	
2			_____	_____	
3			_____	_____	
4			_____	_____	
5			_____	_____	
6			_____	_____	
7			_____	_____	
8			_____	_____	
9			_____	_____	
10			_____	_____	

**Nominee Sign here**

I \_\_\_\_\_ accept the nomination for the position of \_\_\_\_\_ for which I have been nominated.

**Incomplete Petitions will be invalidated.**