OFFICER NOMINATION AND ELECTION NOTICE
PEF Division # 317
Division Name: DEPARTMENT OF HEALTH—PEF REGION 12

PETITION FORM ON PAGE 2

The nominations and **vacancy** election process for **PEF DIVISION # 317** will be held under the standard operating procedures of the New York State Public Employees Federation. There are presently one (1) position(s) available:

ASSISTANT LEADER

This current three (3) year term ends on March 31st, 2028.

To be nominated, one must be a PEF member and obtain the signatures of at least three (3) 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 their own petition.**

FAXED PETITIONS CANNOT BE 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:

SEPTEMBER 9TH, 2026.

Petitions may not be returned to regional offices. Forms are to be returned to:

Public Employees Federation
Divisions Elections Department or EMAILED TO: DIVISIONS@PEF.ORG
PO Box 12414
Albany, NY 12212

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 September 21st, 2026 to be returned by October 13th, 2026.

For questions regarding this election process please contact the PEF Divisions Department 518-785-1900 ext. 337 or 800-342-4306 ext. 337.

Petition on Page 2

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Division Name: DEPARTMENT OF HEALTH—PEF REGION 12

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 V090926

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 PAYCECK 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	*Joseph Smith*	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.