OFFICER/STEWARD NOMINATION AND ELECTION NOTICE

PETITION FORM ON REVERSE

PEF Division # 215

Division Name: REHABILITATION COUNSELOR DIVISION, REGION 1

The nominations and **regular** election process for **PEF DIVISION # 215** will be held under the standard operating procedures of the New York State Public Employees Federation. There are presently (4) positions available:

LEADER/STEWARD

ASSISTANT LEADER

SECRETARY

TREASURER

Two (2) year election term begins: January 1, 2022

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 SIGNATURES ONLY. FAXED PETITIONS CANNOT BE ACCEPTED.

The Election Committee members are as follows: Kristie Furman, Assistant 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:

NOVEMBER 17, 2021.

Petitions may not be returned to PEF Headquarters or PEF Regional Offices. Petitions are to be mailed to:

Public Employees Federation
Divisions Elections Department
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 November 24, 2021 to be returned by December 16, 2021

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 OFFICER/STEWARD

PEF Division # 215

Division Name: REHABILITATION COUNSELOR DIVISION, REGION 1

FILL OUT ALL SECTIONS COMPLETELY

Nominee Section 111721

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 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.