



Local 1000 AFSCME, AFL-CIO

Election Committee and Election Meeting Chairperson Data Form

*** PLEASE PRINT ***

Complete Pages 1 & 2 and mail, email, or fax with Executive Board meeting minutes (Part A below) to CSEA's Legal Department, Attn: Bonnie VanAlphen, 143 Washington Avenue, Albany, NY 12210, fax number: 518-449-1525, email: bonnie.vanalphen@cseainc.org. If you have any questions about this form, please call: 1-800-342-4146, ext. 1334.

**Presidents MUST complete Parts A and B. For Administratorships, the Administrator may skip to Part B.*

PART A: EXECUTIVE BOARD MEETING MINUTES

(for the purpose of appointing an Election Committee or Election Meeting Chairperson)

The Local/Unit Executive Board held a meeting on _____ 20____, at _____ a.m./p.m. The following individuals were present at the meeting:

Name:

Title:

The Local/Unit President advised that it was appropriate to appoint the following individual(s) for the purpose of conducting the election. Upon motion duly moved, seconded and carried, it was resolved that:

The following person(s) is appointed to serve as the Election Committee (or in the alternative, an Election Meeting Chairperson), as set forth below:

Election Chairperson, (Election Meeting option only available to locals/units with 150 members or less).

Name	Title
	Check one: <input type="checkbox"/> Election Committee Chairperson or <input type="checkbox"/> Election Meeting Chairperson

Additional Election Committee members, if applicable (Add additional sheets if necessary.)

Names	Election Committee Member(s)
	<input type="checkbox"/> Check here if Vice Chairperson

There being no further business, on motion duly made, seconded and carried, the meeting was adjourned.

CSEA Local/Unit President Signature

Other Officer Signature

Date:

PART B - BARGAINING UNIT INFORMATION

Region: _____

Local Name & Number: _____

Unit Name & Number (Where Applicable): _____

President's or Admin's Name (Please Print): _____

Signature of President or Admin: _____

Signature Date: _____

Email of President or Admin: _____
(Will contact only if there's an issue with this form.)

NO MEMBER WHO AGREES TO SERVE IN THIS CAPACITY SHALL BE ELIGIBLE FOR NOMINATION OR ELECTION TO ANY OFFICE EVEN IF S/HE WERE TO STEP DOWN TO RUN.

PART C - ELECTION CHAIRPERSON

Check here if Election Meeting Chairperson.

CHAIRPERSON NAME (print): _____

CHAIRPERSON SIGNATURE (required): _____

I acknowledge I am ineligible to run for office, even if I step down.

10-Digit CSEA ID #: _____

Mailing Address: _____

Work Location: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Email: _____

Cell Phone: (____) _____

Note: Election Meeting option only available to locals/units with 150 members or less. Call the SEC with any questions about the meeting option at 1-800-342-4146, ext. 1447.

ELECTION COMMITTEE MEMBERS - If Applicable

COMMITTEE MEMBER (print): _____

COMMITTEE MEMBER (print): _____

COMMITTEE MEMBER SIGNATURE (required) Check here if Vice Chair
I acknowledge I am ineligible to run for office, even if I step down.

COMMITTEE MEMBER SIGNATURE (required)
I acknowledge I am ineligible to run for office, even if I step down.

10-Digit CSEA ID #: _____

10-Digit CSEA ID #: _____

Work Location: _____

Work Location: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Daytime #: (____) _____ Cell #: (____) _____

Daytime #: (____) _____ Cell #: (____) _____

Email: _____

Email: _____

COMMITTEE MEMBER (print): _____

COMMITTEE MEMBER (print): _____

COMMITTEE MEMBER SIGNATURE (required)
I acknowledge I am ineligible to run for office, even if I step down.

COMMITTEE MEMBER SIGNATURE (required)
I acknowledge I am ineligible to run for office, even if I step down.

10-Digit CSEA ID #: _____

10-Digit CSEA ID #: _____

Work Location: _____

Work Location: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Daytime #: (____) _____ Cell #: (____) _____

Daytime #: (____) _____ Cell #: (____) _____

Email: _____

Email: _____

* Add additional sheets for more Committee Members if necessary.