CANADIAN UNION OF PUBLIC EMPLOYEES
LOCAL 37

SELECTION OF OHS&E STEWARD FORM

Name: _____ **Payroll #:** _____

Home Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone #: _____ **Cell #:**_____

☐ Check this box if you would like your **Home Phone #** on your Business Cards and OH&S Steward Poster.

☐ Check this box if you would like your **Cell #** on your Business Cards and OH&S Steward Poster.

Email:_____ **Mail Code #:**_____

☐ Check this box if you would like your **Email** on your Business Cards and OH&S Steward Poster.

We, the following are members of CUPE Local 37, and agree that the above-named member be selected to act as our OHS&E Steward in the _____ Business Unit.

Name **Payroll #**	**Name** **Payroll #**