

STEWARD NOMINATION AND ELECTION NOTICE PEF Division # 326

Division Name: METROPOLITAN ALCOHOLISM TREATMENT CENTERS

The nominations and vacancy election process for PEF DIVISION # 326 will be held under the standard operating procedures of the New York State Public Employees Federation. There are presently (3) positions available:

| Constituency | (# of available positions): | |
|----------------|-----------------------------|--|
| C: CREEDMOOR | (1) | |
| D: SOUTH BEACH | (1) | |
| F: C.K. PPOST | (1) | |

Election term ends on March 31, 2027.

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 his/her own petition.

ORIGINAL SIGNATURES ONLY. 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:

DEECEMBER 2, 2024.

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 December 9, 2024 to be returned by January 3, 2025.

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.

| | | PEF Division # | IINATION AND ELECTION NC 326 METROPOLITAN ALCOHOLISM T | - | S | LL OUT ALL ECTIONS OMPLETELY |
|------------------------------------|---|---|---|--|---|--|
| | | | tition ID is the first four letters of your f our last name as printed on your paych | neck; and your home zip c | ode. | Nominee Section V120924 |
| | | | >ı | | | |
| | Home Add | lress: | | | | _ |
| | City, | | State | Zip Code | | |
| | Home Ph# | · | Work Ph# | Cell Ph# | | |
| | Email (per | sonal, not work) | | | | |
| na <u>let</u> <u>nu</u> € | me and sig r <u>ters of your</u> <u>mbers of yo</u> 1embers sig | nature to complete this <u>first name</u> and the <u>first</u> our home zip code. FOR ning petitions can only s nust sign at the bottom o atures | signing this petition: You must prir petition for your signature to be vant tour letters of your last name EXAM EXAMPLE – JOSEPH SMITH Joseph SMITH Joseph SMITH Joseph SMITH Joseph SMITH Joseph SMITH Joseph SMITH Joseph SMITH | Id. The Petition ID# control of the Petition ID# control of the PRINTED ON Y = <u>JOSE SMIT 9</u> idates are not allowed the pation. Only PEF member | onsists of "the OUR PAYCECK <u>9 8 8 7</u> to sign their ow ers may sign pe | first four and the <u>five</u> n petition. |
| | | | | e the above hamed ho | ominee | |
| | - | RINT FULL NAME | Signature | First Four First Name | FIRST FOUR LAST NAME | Home Zip Code |
| | - | | | FIRST FOUR | First Four Last Name | - |
| 1 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 1 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 5 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 5 6 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 5 6 7 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 5 6 7 8 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |
| 2 3 4 5 6 7 | P | RINT FULL NAME | Signature | First Four First Name | First Four Last Name | CODE |

Nominee Sign here

1_

_____ accept the nomination for the position of

Incomplete Petitions will be invalidated.