



ELECTION OF UNION REPRESENTATIVES

Form for candidature

The form for candidature must be duly completed by the candidate, who must be a member of the Staff Union, and should also be signed by at least three Union members working in the constituency concerned (see list attached). Please return the completed form to the Staff Union Secretariat (by email to syndicat@ilo.org or in person to Office 6-016).

CERTIFICATE OF CANDIDATURE

I, the undersigned:

Name..... Surname.....

Department/Unit.....

Constituency.....

hereby certify that I am willing to be nominated as candidate for the election of Union representatives for a mandate of two years.

Date.....

Signature.....

DESIGNATION OF CANDIDATE

We, the undersigned, hereby nominate the above-mentioned person as candidate for the election of Union representatives for a mandate of two years:

Name..... Department/Unit and Constituency

Signature.....

Name..... Department/Unit and Constituency.....

Signature.....

Name..... Department/Unit and Constituency

Signature.....