



**ELECTION PETITION**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Classification: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**CHECK:**

I am petitioning to run for the office of

**UNIT GOVERNOR** for MOU [\_\_\_\_]      **OR**       **AT-LARGE GOVERNOR**

**AND/OR**

I am petitioning to run for the office of

**UNIT COUNCIL** for MOU [\_\_\_\_]

Petitions for Unit Governor or Unit Council must be signed by ten (10) dues-paying members in good standing within the same unit. Petitions for At-Large Governor can be signed by dues-paying members in good standing in all units. Candidates are encouraged to gather more than ten (10) signatures in the event that one or more signatures is invalid.

**PRINT/TYPE YOUR NAME AS IT APPEARS ON YOUR PAYCHECK:**

1. Signature: _____	6. Signature: _____
Name: _____	Name: _____
2. Signature: _____	7. Signature: _____
Name: _____	Name: _____
3. Signature: _____	8. Signature: _____
Name: _____	Name: _____
4. Signature: _____	9. Signature: _____
Name: _____	Name: _____
5. Signature: _____	10. Signature: _____
Name: _____	Name: _____



**ELECTION PETITION**

**To be considered valid, this Petition must be complete.** The Candidate name must match the name in the EAA Membership database. Candidates who submit incomplete petitions will be disqualified from appearing on the ballot.

The following candidate information will be printed on the ballot:

\_\_\_\_ Years of City Service                      \_\_\_\_ Years of EAA **dues-paying** membership

List any current or prior EAA positions held:

**POSITION:**

**DATES:**

_____	_____
_____	_____
_____	_____

Candidates are encouraged, but not required to submit a Candidate Statement, along with their Election Petition, which will be distributed with the ballot. **All Election Petitions and Candidate Statements must be submitted to the Election Committee at [electioncommittee@eaaunion.org](mailto:electioncommittee@eaaunion.org) by September 24, 2021 @5PM.** Upon verification of the signatures on the Election Petition, the Election Committee will notify the candidates of their eligibility to run for the position.

I, \_\_\_\_\_, CERTIFY THAT I HAVE AUTHORIZED THE CIRCULATION OF THIS ELECTION PETITION AND THAT IF APPOINTED TO THE POSITION INDICATED, I WILL SERVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**ELECTION PETITION**

**SUPPLEMENTAL SIGNATURES**

**PRINT/TYPE YOUR NAME AS IT APPEARS ON YOUR PAYCHECK:**

- |                      |                      |
|----------------------|----------------------|
| 11. Signature: _____ | 16. Signature: _____ |
| Name: _____          | Name: _____          |
| 12. Signature: _____ | 17. Signature: _____ |
| Name: _____          | Name: _____          |
| 13. Signature: _____ | 18. Signature: _____ |
| Name: _____          | Name: _____          |
| 14. Signature: _____ | 19. Signature: _____ |
| Name: _____          | Name: _____          |
| 15. Signature: _____ | 20. Signature: _____ |
| Name: _____          | Name: _____          |