Declaration of a union representative



Employer:	Workplace:		
Address of workplace	e:		
Supervisor (or other	representative of the employer who	shall receive the appo	intment letter of the union representative)
Name:			Kennitala:
Email:	Mobile phone:		
	Date of election:		
	Re-election Yes	No	
	Union representative for the	e following members o	f Efling: <i>Tick the appropriate box.</i>
	everybody at this emp	loyer	
	workplace of the union	ı representative	
	division		
Name of the union re	presentative:		Kennitala:
Address:			Postcode:
Home phone:		Work phone:	
Mobile:		Work mobile:	
E-mail:			
Outgoing union repre	esentative:		
Name:			Kennitala:
To secure the legal st	tatus of the union representative, th	nis declaration must be	signed and sent to Efling-trade union.
Place and date:		Signa	ature of the elected union representative
		Signo	and the crosses amon representative
Tick the appropriate i			
An official of Efl	ing is present at the election		
Signatures of em	nployees to validate the election of	the union representativ	/e, see petition

Signatures of employees to validate the election of a union representative ____ Kennitala: ____ Name: _