SUANTLEY Ple	ease use this form to nominate candidates
for	KFA Executive Representatives
nominate	Please Print Name
r the position of KFA	A Executive Representative (select one only):
President (unt	il end of term, August 31, 2026)
VP Negotiatio	ons (until end of term, August 31, 2026)
Member-at-La	arge (until end of term, August 31, 2026)
Science & Ho	orticulture Representative (until end of term, May 31, 2026)
Business Rep	presentative (until end of term, May 31, 2026)
Faculty of Hea	alth Representative (until end of term, May 31, 2026)
Faculty of Tra	ades & Technology (until end of term, May 31, 2025)
Ombudsperso	on (until end of term, May 31, 2025)
School of Des	sign Representative (until end of term, May 31, 2026)
Qualifying Stu	udies & Access Representative (until end of term, May 31, 2025)
Non-Regular	Faculty Representative (until end of term, May 31, 2026)
Status of Wor	men Representative (until end of term, May 31, 2026)
Academic Go	vernance Committee Representative (until end of term, May 31, 2026)
Occupational	Health & Safety Committee Representative (until end of term, May 31, 2026)
Pension Advis	sory Committee Representative (until end of term, May 31, 2026)
Lesbian, Gay,	, Bisexual, Transgender, Queer, Two-Spirited+ Committee Representativ
(until end of term	n, May 31, 2025)
Date:	Name:
	Signed: Nominator's Signature
I accept this nom	
Date:	Signed: Nominee's Signature

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CHANTLER C	Please use this form to nominate candidates		
	for KFA Working Conditions Committee (WCC)		
U	Representatives		
nominate _	Please Print Name		
or the position	on of KFA Working Conditions Committee (WCC) Representative (select one only)		
	Science/Applied WCC Representative		
	School of Business WCC Representative		
	Trades & Technology WCC Representative		
	Qualifying Studies & Access WCC Representative		
	Non-Regular Faculty WCC Representative		
	Wilson School of Design WCC Representative		
	Status of Women WCC Representative		
	Social Sciences WCC Representative		
	Humanities WCC Representative		
	Learner Support/Co-op WCC Representative		
	Faculty of Health WCC Representative		
Date:_	Name:		
	Signed:		
І ассер	t this nominator's Signature		
Date:_	Signed: Nominee's Signature		