

Kwantlen Faculty Association—Nomination Form



Please use this form to nominate candidates for **KFA Executive Representatives**

I nominate _____
Please Print Name

for the position of **KFA Executive Representative** (*select one only*):

- ☐ Vice-President, Grievances
- ☐ Secretary-Treasurer
- ☐ Member-at-Large
- ☐ Humanities Representative
- ☐ Trades & Technology Representative
- ☐ Ombudsperson
- ☐ Social Sciences Representative
- ☐ Qualifying Studies & Access Representative
- ☐ Learner Support Representative
- ☐ Disability Management & Rehabilitation Committee Representative
- ☐ Human Rights & International Solidarity Committee Representative
- ☐ Labour Community Advocate Committee Representative
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirited +
Committee Representative
- ☐ Decolonization, Reconciliation & Indigenization Committee Representative

Date: _____

Name: _____
Nominator's Name—Please Print

Signed: _____
Nominator's Signature

I accept this nomination:

Date: _____

Signed: _____
Nominee's Signature

When completed, please return to mark.diotte@kpu.ca



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Please use this form to nominate candidates for **KFA Working Conditions Committee (WCC) Representative**

I nominate _____
Please Print Name

for the position of **KFA WCC Representative** (*select one only*):

- ☐ Faculty of Health WCC Representative
- ☐ Learner Support/Co-op WCC Representative
- ☐ Non-Regular Faculty WCC Representative
- ☐ Qualifying Studies & Access WCC Representative
- ☐ Science & Horticulture WCC Representative
- ☐ Business WCC Representative
- ☐ Trades/Technology WCC Representative
- ☐ School of Design WCC Representative
- ☐ Status of Women WCC Representative
- ☐ Social Sciences WCC Representative
- ☐ Humanities WCC Representative

Please use this form to nominate candidates for **KFA Labour Management Relations Committee (LMRC) Representative**

I nominate _____
Please Print Name

for the position of **KFA LMRC Representative** (*select one only*):

- ☐ Richmond Campus LMRC Representative
- ☐ Civic Plaza Campus LMRC Representative

Date: _____ Name: _____
Nominator's Name—Please Print

Signed: _____
Nominator's Signature

I accept this nomination:

Date: _____ Signed: _____
Nominee's Signature

When completed, please return to mark.diotte@kpu.ca