



## RI Hospital UNAP Unit Representative Nomination Form

### Directions:

1. Fill out this form and return in person or by mail to:  
RI Hospital United Nurses & Allied Professionals  
375 Branch Avenue  
Providence, RI 02904
2. You must obtain ten signatures from colleagues in your work area. (Less signatures will be permitted for smaller areas.)

### Duties and Responsibilities of Unit Representatives

Unit Representatives shall be responsible for representing their constituency in all of the activities engaged in by the RI Hospital UNAP. Such activities include, but are not limited to, contract negotiations, grievance handling, communications, coordination of job actions, attendance at Unit Representative meetings, and political action and education programs.

Date \_\_\_\_\_

Email address: \_\_\_\_\_

Name \_\_\_\_\_ Tel. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Job title \_\_\_\_\_ Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_

### Signatures of Support

I support the above-named person as a Unit Representative from our unit:

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_