

**WORKPLACE STEWARDS/ALTERNATES
AND HEALTH AND SAFETY REPRESENTATIVES SUBMISSION FORM
2024 - 2025**

School: _____

Workplace Steward Information

Workplace Steward (1 Main Steward)

Name: _____

Personal E-mail: _____

Workplace Steward Alternate #1

Name: _____

Personal E-mail: _____

Workplace Steward Alternate #2

Name: _____

Personal E-mail: _____

Workplace Steward Alternate #3

Name: _____

Personal E-mail: _____

Workplace Steward Alternate #4

Name: _____

Personal E-mail: _____

Health and Safety Representative Information

Health and Safety Representative

Name: _____

Personal E-mail: _____

Please complete the Workplace Stewards/Alternates and Health and Safety Representatives Submission Form and fax (519-474-3664) or e-mail (etfotvtl@etfothamesvalley.com) by Friday, September 13, 2024.