Nomination Form for Employee Representatives for PIPSC **Committee on Occupational Safety and Health (COSH)**

The following PIP:	SC Regular Members nomin	ate	
	Candidate'	s Name (Printed)	
	epresentative / \square employee ety and Health (COSH) at	co-chair for PIPSC to the C	ommittee on
	Name of Research Cente	r, Program or Branch (Prin	ted)
Name (Printed)	PIPSC Membership	Building & Phone No.	Signature and Date
1.			
2.			
3.			
I,Candida	te's Name (printed)	, hereby accept the r	nomination.
Candida	ate's Signature	<u></u>	

2.

The completed nomination form must be sent to the administrative assistant responsible for the NRC RO/RCO Group by faxing it to the PIPSC at 613-228-9048 or 1-800-465-7477.

Candidate and nominators must be members of PIPSC. All nominations will need to be approved by the NRC RO/RCO, IS or LS Group Executive depending on the classification of the candidate.