CHOOSE DATE

Dear ENTER NAME OF WORKER HEALTH AND SAFETY REP,

The ENTER NAME OF LOCAL would like to thank you for your work representing our members as an HEU worker health and safety representative. Dedicated members like you help to keep our union strong!

In accordance with the *Workers’ Compensation Act, Section 45(2) Worker health and safety representative*, the union appoints workers as worker health and safety representatives as per their union process. Your appointment has now ended.

If you have any questions, please contact your local chairperson, your servicing representative or the HEU OHS department at ohs@heu.org.

In solidarity,

ENTER NAME LOCAL CHAIR  
ENTER CONTACT INFORMATION

Cc:

ENTER NAME HEU SERVICING REP