CHOOSE DATE

To: ENTER NAME OF HEU WORKER HEALTH AND SAFETY REP
ENTER LOCATION AND DEPARTMENT

We are pleased to let you know you have been selected by your local as a worker health and safety representative for ENTER WORKSITE/DEPARTMENT/UNIT/PROGRAM. Welcome!

As a worker health and safety representative, you must receive instruction and training within six months of your appointment, as per *Occupational Health and Safety Regulation (OHSR) 3.27.*

It is the union’s position that you shall participate in both workplace inspections and accident/incident investigations.

Your time for conducting workplace inspections and incident investigations, completing the education, and fulfilling other duties of the worker health and safety representative, is paid by your employer.

HEU also offers a two-day Introduction to Occupational Health and Safety course several times per year. Please refer to the HEU website: heu.org/health-and-safety-education

During this workshop, participants will have the opportunity to:

• discuss their experiences with health and safety issues at work;

• look at the patterns of OHS concerns among members in different work sites;

• learn how health and safety issues are resolved;

• gain information on the Workers’ Compensation Act and OHSR; and

• organize around health and safety issues at work

**What we need from you:**

Please provide the following information as soon as possible to ENTER HEU CHAIRPERSON EMAIL ADDRESS so that we can notify your immediate manager or supervisor of your appointment:

• Manager/supervisor name

• Manager/supervisor contact (email)

• Your unit/department/program

• Your preferred method of contact (work phone or email). Please note this will be made available to the workplace employees:

If you have any further questions, or you are unable to fulfil your commitment, please advise your local chairperson immediately.

Thank you for your interest and agreement to represent our members. Dedicated members like you help keep our union strong!

In solidarity,

ENTER NAME LOCAL CHAIR
ENTER CONTACT INFORMATION

Cc:

ENTER NAME HEU SERVICING REP