

# OCSEA Delegate Information Sheet

Use a separate form for each District Council and Assembly.

\*Only the President, Acting President, Secretary, Election Committee Chairperson or Assigned State Board of Director is authorized to supply this

Chapter Name & Number: \_\_\_\_\_

Name of District Council or Assembly: \_\_\_\_\_

Date Completed: \_\_\_\_\_

<b>President:</b> _____	<b>Designee:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Employing Agency:</b> _____	<b>Employing Agency:</b> _____
<b>Work Phone:</b> (    ) _____	<b>Work Phone:</b> (    ) _____
<b>Home Phone:</b> (    ) _____	<b>Home Phone:</b> (    ) _____
<b>Home E-Mail:</b> _____	<b>Home E-Mail:</b> _____
<b>Cell:</b> (    ) _____	<b>Cell:</b> (    ) _____
<b>Last four of SSN/Full Emp. ID.</b> _____	<b>Last four of SSN/Full Emp. ID.</b> _____
<b>Person Replaced:</b> _____	<b>Person Replaced:</b> _____

<b>Delegate:</b> _____	<b>Alternate Delegate:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Employing Agency:</b> _____	<b>Employing Agency:</b> _____
<b>Work Phone:</b> (    ) _____	<b>Work Phone:</b> (    ) _____
<b>Home Phone:</b> (    ) _____	<b>Home Phone:</b> (    ) _____
<b>Home E-Mail:</b> _____	<b>Home E-Mail:</b> _____
<b>Cell:</b> (    ) _____	<b>Cell:</b> (    ) _____
<b>Last four of SSN/Full Emp. ID.</b> _____	<b>Last four of SSN/Full Emp. ID.</b> _____
<b>Person Replaced:</b> _____	<b>Person Replaced:</b> _____

**Date of Election:** \_\_\_\_\_

\*I, \_\_\_\_\_, Title: \_\_\_\_\_  
attest the above information is accurate as of the above date. Form Updated 8/17/10