

**Board of Governors Election  
Non-Academic Employees  
Nomination Form - 2023**

**PART A - NOMINEE**

Name of Nominee: \_\_\_\_\_

(Note: Please print name as you would like it to appear on the ballot)

University Department/Division \_\_\_\_\_

Position Title: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please check off the following statements:

A photocopy of proof of my citizenship is attached

Signed Acknowledgment and Confirmation is attached

I have been a full-time non-academic employee at York University for at least 5 years as of May 10, 2023.

I have sent a passport-size photograph of myself (photo should be sent electronically to: [emacrae@yorku.ca](mailto:emacrae@yorku.ca)) and agree that it may be circulated with the ballot to all voters and mounted on the University Secretariat website.

I have attached a personal statement (**maximum 150 words**) and agree that it may be circulated with the ballot to all voters and mounted on the University Secretariat website.

**PART B - NOMINATORS**

Note: Each nomination must be supported by **ten nominators** who are **full-time non-academic employees** of York University. Nominators may be called by the Secretariat to verify their signatures.

**“I agree to nominate \_\_\_\_\_ as a member of the Board of Governors.”**

**Please print clearly**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_