**Election notification – FACULTIES**

**Form for notification of elected occupational health and safety representatives and appointed managers to the occupational health and safety groups.**

Please complete the form with all of the requested details before sending it to amovalg@au.dk

|  |
| --- |
| **Elected** occupational health and safety representative and **appointed** manager to the occupational health and safety group for: |
| Faculty  |  |
| Department/school/centre |  |
| Division/section or name of occupational health and safety group |  |
| **Occupational health and safety representative** | **Manager in occupational health and safety group** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |