**Election notification – FACULTIES**

**Form for notification of elected occupational health and safety representatives and appointed managers to the local occupational health and safety committees (LAMUs).**

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

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| **Elected** occupational health and safety representative and **appointed** manager to the **LAMU** for: |
| Faculty  |  |
| Department/school/centre |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |
| **Occupational health and safety representative** | **Manager in LAMU** |
| Name: |  | Name: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| AU ID: |  | AU ID: |  |