**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](mailto:amovalg@au.dk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: |  |