**Election notification – FACULTIES**

**Form for notification of elected occupational health and safety representatives to the Main Occupational Health and Safety Committee (HAMU) at AU**

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 to **HAMU** from: |
| Faculty  |  |
| **Occupational health and safety representative** |
| Name: |  |
| Telephone: |  |
| Email: |  |
| AU ID: |  |