



Notification to Employer on election of HSR / Deputy HSR

To: _____
(Title) (First/Given Name) (Family Name)

(Position Title)

(Company)

(Address)

Cc: State Secretary, AMWU _____
(insert name of state branch)

Dear _____
(name of employer representative)

Re: Election of Health and Safety Representative(s)

I wish to advise you of the election of the following person(s) to the position of Health and Safety Representative [Deputy HSR] for their respective Work Group:

Name:	Work Group	Date Elected
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

The election of these HSRs was done in accordance with the

.....
(Insert name of relevant health and safety law).

_____ Date: ___/___/___
(Returning Officer Signature)