NEW YORK STATE PERSONNEL COUNCIL

Primary and Alternate Representatives

September 1, 2013 – August 31, 2014

Please Print

Name/Agency: _____

I designate the people listed below as our Agency's representatives to the New York State Personnel Council:

PRIMARY REPRESENTATIVE

Name: _____

Title: _____

Work Address: _____

_____

_____

Telephone No.: _____ Fax No.: _____ E-mail: _____

ALTERNATE REPRESENTATIVE

Name: _____

Title: _____

Work Address: _____

_____

_____

Telephone No.: _____ Fax No.: _____ E-mail: _____

Return form by August 2, 2013 to:

Amy Rodak, Chair NYS Personnel Council
Facility Personnel Services
c/o NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Phone: (518) 474-1261
Fax: (518) 402-4086
E-mail: Amy.Rodak@omh.ny.gov

Agency Head/Designee

_____
Name

_____
Signature

_____
Date