

OCSEA OFFICER INFORMATION SHEET

**PER CONSTITUTION THIS FORM MUST BE RETURNED WITHIN 5 DAYS
OF DATE OF ELECTION/APPOINTMENT**

*Return to: OCSEA/AFSCME IT Administrative Assistant, 390 Worthington Road, Westerville, OH 43082
or Fax to: 614-865-4777*

Subordinate Body Name and Number: _____ **Date of Election:** _____

Position Filled	Legal Name	State of Ohio User ID	Name of Person Replaced
Home Address – Street, City, State, Zip (PO Boxes Not Accepted)			
Cell Phone	Work Phone	Home Phone	Home Email

**Please circle preferred phone number*

Position Filled	Legal Name	State of Ohio User ID	Person Replaced
Home Address – Street, City, State, Zip (PO Boxes Not Accepted)			
Cell Phone	Work Phone	Home Phone	Home Email

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**Please circle preferred phone number*

I, _____, Title, _____ attest the above information is accurate.