## Field federal safety and health council (FFSHC)

# Member Designation Form

**Designation Guidelines**

Please submit a Member Designation Form for each federal agency representative appointed to serve as a member of a FFSHC. Please return the completed form to the appropriate FFSHC chairperson.

To be an officially appointed FFSHC member, the designee must be an agency employee and a:

* Federal occupational safety and health professional;
* Federal professional or collateral duty personnel;
* Management official; or,
* Representative of a recognized federal labor organization.

**FFSHC**

Please list the FFSHC to which you are appointing a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Title |  | | | | |
| Agency |  | | | | |
| Work Address |  | | | | |
| E-mail Address |  | | | | |
| Phone Number |  | | | | |
| Type of Representative (Select all that apply) | |  |  |  |  | | --- | --- | --- | --- | | ⭘ | ⭘ | ⭘ | ⭘ | | Management | Labor | Occupational Safety and Health Professional | Collateral Duty Personnel | | | | | |
| **Designating Official Information**   |  |  |  | | --- | --- | --- | | Name: | |  | | Title: | |  | | E-mail Address: |  | | | Phone Number: |  | | | | | | | | | |
| Designating Official Signature | | |  | Date |  |  | |
|  | | | | | | | |