

**OSSTF Toronto Branch Executive for 2025-2026**

Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Positions required by the TTBU Constitution (Bylaw 1.1.1.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Non-TDSB Phone Number** | **Non-TDSB email** |
| Branch President |  |  |  |
| * Is this the first time you’ve ever been a Branch President?
 |  🞎 Yes 🞎 No  |
| Secretary/Treasurer |  |  |  |
| Workload Representative |  |  |  |

1. **Positions required by the TTBU Constitution (Bylaw 2.3)**

Please note: The number of TTBU Council Representatives elected at each Branch is determined by the number of staff allocated to the Branch. Please see the *Council Representatives per Branch* Document, posted on the OSSTF Toronto website (<https://osstftoronto.ca/member-resources/56047/>) to determine how many Council Representatives your Branch has been allotted.

(Worksite) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been allotted (number) \_\_\_\_\_\_\_\_\_\_ of Council Representatives

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Non-TDSB Phone Number** | **Non-TDSB Email Address** | **Dietary Restrictions** | **Accessibility Needs** |
| **Elected Council Representatives** |
| Branch President / TTBU CouncilRep #1 |  |  |  |  |  |
| TTBU Council Rep #2(if allotted) |  |  |  |  |  |
| TTBU Council Rep #3(if allotted) |  |  |  |  |  |
| TTBU Council Rep #4 (if allotted) |  |  |  |  |  |
| **Alternate Council Representatives**The Branch President should email the name of the representative who cannot attend Council and the name of the alternate to steering@osstftoronto.ca **no later than noon on the day of the Council meeting**. |
| Alternate #1 |  |  |  |  |  |
| Alternate #2 |  |  |  |  |  |
| Alternate #3 |  |  |  |  |  |
| Alternate #4 |  |  |  |  |  |

1. **Additional Representatives (Bylaw 1.1.2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Non-TDSB Phone Number** | **Non-TDSB Email Address** |
| Branch Vice President |  |  |  |
| Black, Indigenous, and Workers of ColourCommittee Representative |  |  |  |
| Human Rights Committee Representative |  |  |  |
| Occupational Health and Safety Representative |  |  |  |
| PRIDE Committee Representative |  |  |  |
| School Parent Council Committee Representative |  |  |  |
| Professional Development and Excellence in Education Committee Representative |  |  |  |
| Political Action Committee Representative |  |  |  |
| Status of Women Committee Representative |  |  |  |

**Please submit this form prior to the September Council meeting to** **reception@osstftoronto.ca****.**

**Branch rebates will be sent to Branch Presidents upon completion of the**

**Branch Executive form.**