

Local DELEGATE Election Report

TSTA HOUSE OF DELEGATES

Signed Forms Due at TSTA Headquarters: March 15, 5:00 p.m., C.D.T.

Mail to: TSTA Organizing Center for Executive & Governance, 316 W. Twelfth St., Austin TX 78701

Fax to: 512-486-7053 (retain originals until receipt confirmed)

If postmarked after March 14, forms must be accompanied by a letter explaining lateness signed by local president.
If postmarked after April 1, Credentials Committee must approve before delegates will be seated.

Local Association _____ **Region** _____

Association Contact Information (please print)

President _____

Address _____ City _____ Zip _____

Email _____ Work Phone _____

I certify that the delegate(s) and alternate(s) whose name(s) are submitted by me to the Texas State Teachers Association Headquarters were elected by:

Every Member Ballot General Membership Meeting Assembly of Elected Representatives

Election Date _____

No Election Held—Explain _____

- Attach copy of election tally showing number of votes cast for each nominee (**Tally must be attached**)
- Notice seeking nominations was sent to all local members by: letter email all member publication other _____
- Under local bylaws these officers are automatic delegates: President Vice President Secretary Treasurer

Date Submitted

Signature of Local President

Review the delegate allocation for your local on the HoD page of the TSTA website in order to complete this section.

_____ Non-supervisory (at least _____ non-supervisory delegates must be ethnic minority)

_____ Supervisory (can be ethnic minority or non-minority)

_____ If your local association has 25 members or less, you **MUST** complete the Certification of Local Association Meetings form.

_____ **TOTAL DELEGATES**

SOCIAL SECURITY NUMBERS OR MEMBER IDS MUST BE SUBMITTED.

***Ethnic Group Numbers:**

- 1—American Indian/Alaska Native
- 2—Asian
- 3—Black
- 4—Hispanic
- 5—Caucasian (not of Spanish origin)
- 6—Native Hawaiian/Pacific Islander
- 7—Multi-Ethnic
- 8—Other _____

****Position Code Numbers:**

- | | | |
|-----------------------|-------------------------------------|-------------------------|
| 01—Audio-Visual Tech. | 09—Maintenance | 16—Student |
| 02—Cafeteria Worker | 10—Office Support | 17—Superintendent |
| 03—Classroom Teacher | 11—Principal/Assistant
Principal | 18—Teacher Aide |
| 04—Coach | 12—Retired | 19—Transportation |
| 05—Counselor | 13—Speech-Hear. Therapist | 26—Higher Education |
| 06—Custodian | 14—Supervisor | 80—Vocational Tech. Ed. |
| 07—Health Care Prof. | 15—Staff Associate | 81—Substitute |
| 08—Librarian | | 99—Other _____ |

LIST IN ALPHABETICAL ORDER

1.	2.
NAME	NAME
ADDRESS (STREET OR BOX)	ADDRESS (STREET OR BOX)
CITY ZIP	CITY ZIP
SSN (LAST FOUR DIGITS) OR MEMBER ID	SSN (LAST FOUR DIGITS) OR MEMBER ID
EMAIL <input type="checkbox"/> YES	EMAIL <input type="checkbox"/> YES
*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER	*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER

FOR OFFICE USE ONLY

all OK _____ keyed _____ checked _____
 form signed _____ eth. _____ pos. _____ mbrships. _____
 other _____ received on time _____

Local ALTERNATE Election Report

TSTA HOUSE OF DELEGATES

Signed Forms Due at TSTA Headquarters: March 15, 5:00 p.m., C.D.T.
Mail to: TSTA Organizing Center for Executive & Governance, 316 W. Twelfth St., Austin TX 78701
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Local Association _____ **Region** _____

SOCIAL SECURITY NUMBERS OR MEMBER IDS MUST BE SUBMITTED.

***Ethnic Group Numbers:**

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****Position Code Numbers:**

- | | | |
|-----------------------|-------------------------------------|-------------------------|
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| 03—Classroom Teacher | 11—Principal/Assistant
Principal | 18—Teacher Aide |
| 04—Coach | 12—Retired | 19—Transportation |
| 05—Counselor | 13—Speech-Hear. Therapist | 26—Higher Education |
| 06—Custodian | 14—Supervisor | 80—Vocational Tech. Ed. |
| 07—Health Care Prof. | 15—Staff Associate | 81—Substitute |
| 08—Librarian | | 99—Other _____ |

<p>1.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>	<p>5.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>
<p>2.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>	<p>6.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>
<p>3.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>	<p>7.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>
<p>4.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>	<p>8.</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>

(Please use separate pages for delegates and alternates.)

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****Position Code Numbers:**

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 01—Audio-Visual Tech. 02—Cafeteria Worker 03—Classroom Teacher 04—Coach 05—Counselor 06—Custodian 07—Health Care Prof. 08—Librarian | <ul style="list-style-type: none"> 09—Maintenance 10—Office Support 11—Principal/Assistant
Principal 12—Retired 13—Speech-Hear. Therapist 14—Supervisor 15—Staff Associate | <ul style="list-style-type: none"> 16—Student 17—Superintendent 18—Teacher Aide 19—Transportation 26—Higher Education 80—Vocational Tech. Ed. 81—Substitute 99—Other _____ |
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<p>No. _____</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>	<p>No. _____</p> <p>NAME _____</p> <p>ADDRESS (STREET OR BOX) _____</p> <p>CITY _____ ZIP _____</p> <p>SSN (LAST FOUR DIGITS) OR MEMBER ID _____</p> <p>EMAIL _____ <input type="checkbox"/> YES</p> <p>*ETHNIC GROUP NUMBER FIRST TIME DELEGATE **POSITION NUMBER</p>
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