Appendix R – Official CTA Appeal Form

TO: CTA President (email this form to <u>ctaelections@cta.org</u>)

Please check:	n the original challenger. Please includanter executive board's written decision	a candidate affected by the decision of my unit's
Appealer Name		Day Phone:
Street #:		Evening Phone:
City/Zip		Mobile Phone:
Personal Email Address:		CTA Appeal Filing Date:
Chapter Information:		
Chapter Name:		Office phone & email:
Chapter President:		President phone & email:
Chapter Elections Committee Chair:		Elections Committee Chair phone & email:
Type of Election/Officer posi	tion(s) being challenged (check only	those that are being challenged):
☐ President	☐ Director(s)	
☐ Vice President	☐ State Council Representative	☐ Other
☐ Secretary and/or Treasurer Election Dates:	☐ State Council Alternate	
	Date(s) Election Held	Date Ballots Counted (including any run-offs if necessary)
Challenge Dates:	Date Original Challenge Filed with Local	Date Local Decision was Made
	_	
Result of Local Decision: (Check all that applies)	☐ Challenge denied	☐ Challenge upheld
	Election results upheld	☐ Election to be re-run
	Other: (please specify)	

Attach the following:

- > If you are the original challenger, attach your original challenge form. If you are not the original challenger, you may submit this form by itself.
- Copies of election materials, for example: timelines, instructions, chapter literature related to the election, campaign flyers, etc.

 [Adopted 6/13, Revised 6/15, 6/17, 9/23]