**MCMASTER UNIVERSITY**

 **(name) JOINT HEALTH & SAFETY COMMITTEE**

**RECOMMENDATION TO MANAGEMENT**

**DATE:**

**TO:**

**FROM: \_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_**

 **Worker Co-Chair Management Co-Chair**

**RE:**

**Reasons for recommendation:**

**SUBMISSION DATE TO MANAGEMENT: \_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_**

 **day month year**

**EXPECTED DATE OF RESPONSE: \_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_**

**(21 days from submission to mgmt.) day month year**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Worker Co-Chair Signature) (Mgmt. Co-Chair Signature)**

**CC: JHSC Committee Members**