

764-Department of Health Voter Roll for Proposed Enterprise Agreement 2015-2018

| Key Group Label | Group Label 2 | Group Label 3 | AGS Number | First Name | Last Name | Date Of Birth | Work Email Address | Alternate Email Address | Address Line 1 | Suburb | State | Postcode | Dispatch |
|-----------------|---------------|----------------|-----------------------------|------------|-----------|-------------------------------|--------------------|------------------------------|---|----------|----------|----------|--------------------------------|
| Division | Branch | Classification | Required: Must be unique | Required | Required | Required Format:dd/mm/yyyy | Required | Required in case of leave | Optional (required for those we contact by post) | Optional | Optional | Optional | Required: Email and/or Post |

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