

Staff Council Membership Board Nomination Form

Nominee:

First Name:

Last Name:

Employee ID:

Department:

Job Title:

Division:

Nominator:

First Name:

Last Name:

Proposed Position

Estimated Service Commitment

Position	Estimated Time Commitment (per Month)*	Length of Service
President	25 hrs	1 Year
President Elect	15 hrs	1 Year
Secretary	15 hrs	1 Year
Communications officer	15 hrs	1 Year
Treasurer	12 hrs	1 Year
Division Ambassador	3 hrs	1 Year

* Estimated time commitment for Ambassadors is during regular working hours

Approval is requested to accept this nomination for serving on the Staff Council Membership Board in the position selected above.

Nominee Agreement:

I agree to continue to carry out the job responsibilities required of my position to the satisfaction of my supervisor while serving on the Staff Council Membership Board. I understand that this authorization may be rescinded at any time by my supervisor.

Nominee Signature: _____ Date: _____

Supervisor Action:

I understand that service to the Staff Council Membership Board is voluntary, that time off will be required to attend Council meetings and events, and that staff will coordinate their schedule with their supervisors in advance.

Approved

Disapproved

Supervisor Signature: _____ Date: _____

Printed Name: _____

Please return the fully executed form to eso@uhd.edu
Digital Signatures are acceptable