STAFF ADVISORY COUNCIL APPLICATION FORM

If selected to serve on the Staff Advisory Council as a representative for staff employees in a vacant seat, I agree to fulfill the responsibilities of a three-year term ending June 30, 2024. I am a permanent full-time employee in a non-teaching position of the University of Central Florida who has completed at least seven months of continuous employment.

Candidate Information:

Name: _____ Empl ID_____ Date of Hire: _____

Department: _____ Division: _____

Telephone: _____ Email: _____ Zip: _____

Candidate's Signature: If selected, I agree to actively participate for the assigned term on the UCF Staff Advisory Council and attend regularly scheduled meetings and special events. I also agree to actively serve on at least one committee.

_____ _____

Candidate's Signature Date

****

Approvals: The above mentioned UCF employee is applying to fulfill a three year term vacancy on the UCF Staff Advisory Council. Please indicate your approval by signing below.

I hereby authorize the above UCF employee to serve on the UCF Staff Advisory Council to complete a vacant three-year term which expires June 30, 2024. I agree to allow time for council activities including attendance at council meetings and committee meetings. This would consist of approximately 4 hours per month. ***(A list of council meetings and activities can be found on the Staff Advisory Council website at: staffcouncil.admfin.ucf.edu/***

_____ _____ _____

Supervisor's Signature Print Name Date

_____ _____ _____

Director/Department Head's Signature Print Name Date

****

Please email the completed application to **Current Staff Advisory President Cissy Glowth** (cissy.glowth@ucf.edu). Candidates can optionally send the original signed form through campus mail to:
Cissy Glowth, Staff Advisory Council, University of Central Florida, Phone 407-823-5072

Approval by SC President _____ Date _____

Approval by Human Resources _____ Date _____