



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 three-year term ending on June 30, 2029. I am a permanent full-time employee of the University of Central Florida who has completed at least seven months of continuous employment.

APPLICANT INFORMATION: New Applicant Current Member (Renewal)

Name: _____ Empl ID: _____ Date of Hire: _____

Department: _____ Division: _____

Job Title: _____ Telephone: _____ Email: _____

Please provide a statement of 100 words or less of why you want to join the UCF Staff Advisory Council:

APPLICANT’S SIGNATURE: If selected, I agree to actively participate in 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.

Applicant’s Signature _____ Date _____

APPROVALS: I hereby authorize the above UCF employee to serve on the UCF Staff Advisory Council for a three-year term, which will expire on June 30, 2029. 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 events, including meetings can be found on the Staff Advisory Council website: <https://staffadvisorycouncil.admfin.ucf.edu>).*

Supervisor’s Signature _____ Print Name _____ Date _____

Director/Department Head’s Signature _____ Print Name _____ Date _____

Please email the completed application to the Current Staff Advisory Council President: Cissy Glowth (cissy.glowth@ucf.edu).

Date Received by SAC President:

Date Received and Processed by Elections Committee Chair: