



Request to Participate

Employee Benefit Review Committee District Representative

I am interested in volunteering my time to represent my district at the Employee Benefit Review Committee monthly meetings.

I am aware that release time may be necessary to attend meetings, and if so, I will obtain proper approval.

District : _____

Employee Name: _____

Employee Classification:

Classified Certificated Confidential Management

Non-Rep Administrative Retiree Other _____

Email Address: _____

Mailing Address: _____

Employee Signature: _____

District Representative Release Signature: _____

Date: _____