4CS ANNUAL CLASSIFIED SENATE UPDATE FORM

ACADEMIC YEAR: _____

Date: _____

Name of College: _____

College President:

Name _____ Phone _____ Email _____

Assistant To the College President:

Name _____ Phone _____ Email _____

Classified Shared Governance Body (check one):

☐ Classified Senate

☐ Classified Council

☐ Other

OFFICER INFORMATION:

	NAME	TERM OF OFFICE	PHONE	EMAIL
PRESIDENT/CHAIR				
VICE PRESIDENT				
SECRETARY				
TREASURER				

Certified Local Senate (Constitution/Bylaws on file with 4CS)? ☐ YES ☐ NO

Is your Constitution posted to your website? ☐ YES ☐ NO

If yes, please provide web address: _____

Are your bylaws posted to your website? ☐ YES ☐ NO

If yes, please provide web address (if different from above): _____

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Name of Union: _____

Has a delineation of duties been developed between the senate and union? ☐ YES ☐ NO ☐ N/A

Has a memorandum of understanding been developed between the senate and union? ☐ YES ☐ NO ☐ N/A

Does your senate/council represent classified confidential employees? ☐ YES ☐ NO

Does your senate include a classified confidential senator or representative? ☐ YES ☐ NO

Does your senate/council represent classified supervisory employees? ☐ YES ☐ NO

Does your senate include a classified supervisory senator or representative? ☐ YES ☐ NO

Person Completing This Form:

Name _____ Phone _____ Email _____