



California Community Colleges Classified Senate

CLASSIFIED SENATE DELEGATE FORM (4CS General Members)

To the 4CS Nominations & Election Committee:

In accordance with the provisions of the 4CS Bylaws, the Classified Senate* representatives listed herein will be the authorized Delegate(s) for our local Classified Senate (as specified below). As appropriate, the Delegate(s) are authorized by the classified staff at our college (or district) to fully participate and represent us during the 4CS General Business Meeting. We understand that the 4CS Business Meeting will occur during the Annual Classified Leadership Institute (CLI), usually scheduled during the month of June. We also understand that only 4CS General Member Classified Senates in good standing, with their constitution and/or bylaws accepted (on file) by 4CS and with this delegate form properly completed and submitted to 4CS, will be allowed to vote in any formal business of the day. **4CS must receive a current delegate form by the published deadlines for your Senate Delegate to vote during the next 4CS General Business Meeting.** View the "Open Board Positions, Election Deadlines and Procedures" document for specific dates and submission information.

Current or Acting Senate President: _____

Classified Senate* Name: _____

Community College (or District): _____

Senate E-mail Address _____

Senate Phone Number: _____ Senate Fax Number: _____

Approved Senate Delegate (to 4CS):

Name (First, Last): _____

Phone Number: _____ E-mail: _____

Approved Alternate Senate Delegate (to 4CS):

Name (First, Last): _____

Phone Number: _____ E-mail: _____

As the authorized agent of our local Classified Senate* (specified above), I certify that the Delegate names listed on this form are the approved delegates from our college's or district's classified senate*. They are to serve as our representatives in all 4CS business and actions, as appropriate. I have read and understand the 4CS membership requirements as presented on this form and on the 4CS Website.

Signature of Current or Acting Classified Senate President

Date: _____

*Classified Senate: or Council, Association, or other approved classified representative governance body

EMAIL completed form to the 4CS Secretary at cplyley@cccacs.org. Receipt will be confirmed. FAX to (530) 895-2850. You are responsible for confirming receipt of fax.