# Candidate Data Form

NAME:

(Type your name as you would like it to appear on the ballot.)

You will need your supervisor’s approval for approximately five hours of release time to serve on the NIU Operating Staff Council as a representative and approximately three hours of approved release time as an alternate.

I, the undersigned, a member of the Operating Staff, am interested in serving on the Operating Staff Council. I am aware that supervisory approval is required due to the release time needed to attend council and sub-committee meetings.

Candidate’s signature Date

Supervisor’s printed Name (\*see statement below)

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Supervisor’s signature (\*see statement below)

\*Please have your supervisor send an email with their approval to: fmitchell@niu.edu

*Please type or print VERY clearly. Use additional paper, if more space is needed, and clearly label which category below you are referring to on the added sheet(s).* ***Information you submit will not be edited.***

**What would you like to see the Operating Staff Council accomplish in the future and what do you feel you could bring to the Council that would help in achieving those goals?**

**Please describe your experience with committees on campus or in the community and other civic activities in which you have participated including offices held.** *(Prior committee experience is not required.)*