

UAB Faculty and Staff Benevolent Fund Council Member Nomination Form

You must be a continuous giver to the Benevolent Fund to be considered for the Council.

Nomination forms must be received by May 31, 2016, and have signatures of both the nominee and nominee's supervisor to be valid.

Please print or type.

Name of Nominee: _____

Campus Phone: _____

Campus Address/Zip: _____

Email: _____

UAB Entity (Please Circle One):

UAB Academic
HSF

UAB Administration
Health System

UAB Hospital
Viva Health

UAB Callahan Eye Hospital

Department: _____

Position: _____

Please Circle One: **Full-time** **Part-time**

Brief statement on why you want to serve on the Benevolent Fund Council: _____

By signing this form, I state that I am a regular full-time or part-time employee, a continuous Benevolent Fund contributor, and am willing and able to represent my unit on the UAB Faculty and Staff Benevolent Fund Council.

Nominee's Signature: _____

Date: _____

Name of Supervisor: _____

Supervisor's Campus Phone: _____

A Benevolent Fund Council Member is expected to attend a regular meeting on the third Wednesday of the month and serves on at least one committee that could meet up to once a week in addition to the regular monthly meetings. By signing this form, the supervisor acknowledges that the nominee is a member of the stated unit, is a regular full-time or regular part-time employee, and has approval for the necessary time commitment described above.

Supervisor's Signature: _____

Date: _____

Please return completed forms to the Benevolent Fund office at AB B-84 Zip 0100 or fax to 975-9608.