



Employees' Advisory Council



to continually improve the Pinellas County classified employees' quality of work life

Employee Advocate Application

Name: _____ Date: _____

Department: _____ Years Employed with County: _____

Why do you wish to be an Advocate?

Have you ever done volunteer work? If so, please describe and give dates.

Have you ever filed a grievance? If so, when and what was the outcome?

Describe any past experience with resolving a conflict involving someone other than you.

***Please note: Initial 8 hour training is required. All qualified applicants will interview with the Employee Advocate Advisory Committee, a standing committee of the EAC. By signing this you acknowledge you have read the [Employee Advocate flyer](#). Your supervisor or manager's approval is required and indicated by their signature below.**

Employee Signature: _____

Supervisor/Manager Signature: _____

Return signed form *Lisa Arispe, EAC Advocates Committee Chair*
by interoffice mail to *Public Works, 22211 US Hwy. 19 N, Bldg. 1, Clearwater*
or scan and email to larispe@pinellascounty.org