



# 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?

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

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

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

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**\*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](mailto:larispe@pinellascounty.org)