



Staff Council Sub-Committee

Proposal

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Summary

The goal of sub-committees is to create opportunities for staff to engage in professional development, encourage engagement with important topics, and serve the mission and values of Simpson University.

New Sub-Committee Criteria

To be eligible for consideration as a Simpson University Staff Council Leadership Committee (SCLC) sponsored Sub-Committee, a potential Sub-Committee must meet the following criteria:

1. Evidence of sufficient staff interest (i.e., 4 or more staff, including a Committee Chair)
2. Congruence with Staff Council policy as well as policy in the Staff Handbook
3. Purpose and goals that positively enhances staff culture
4. Commitment of a staff member to act as the Sub-Committee's Chair (Up to one year depending on the duration of the Sub-Committee). The staff member may be part time or full time, but must be an employee for no less than one calendar year at the start of the Sub-Committee
5. Inclusiveness (i.e., the degree to which the club is designed to appeal to and include staff regardless of gender, race, religion, national origin, disability, full-time/part-time status, etc.); and
6. No significant duplication of purpose, goals, or activities of an existing SCLC sponsored Sub-Committee

Additional conditions for Sub-Committees include:

1. Meetings or activities are voluntary and staff initiated
2. Meetings or activities do not materially or substantially interfere with the mission of the school, completion of job-related duties, professional conduct, events hosted by the Board of Trustees, the president's office, or SCLC sponsored events.
3. Non-School persons may not direct, conduct, control, or regularly attend meetings or activities
4. No SCLC, or other institutional funds are used beyond the incidental cost associated with providing the space for meetings unless pre-approved in writing by the SCLC.
5. Any Fundraising through the Sub-Committee must be pre-approved in writing by Advancement, and the SCLC
6. Literature, signs, announcements, or other publicity of SCLC sponsored Sub-Committees shall follow all campus wide communication guidelines.

Creating a new Sub-Committee

Any full time or part time member of the Staff Council (SC) may obtain a proposal form from the SCLC by emailing staffcouncil@simpsonu.edu, or going to the website simpsonu.edu/staffcouncil. After the completed form has been returned to your area representative or emailed to staff council, the application goes through the following process:

1. Meeting with the potential Sub-Committee Chair by an appointed representative of the SCLC
2. Review of application by the SCLC at the next SCLC meeting, in light of the above criteria for SC-sponsored Sub-Committees
3. Written decision by the SCLC
4. Short term Sub-Committees will end at the declared date on this application unless an extension is previously approved by the SCLC.
5. Ongoing Sub-Committees will turn in a new application for re-approval annually on or before April 1st.

New Sub-Committee Proposal

The following form must be filled out in order to start a new club or activity. The completed form should be emailed to the Staff Council Leadership Committee (SCLC) staffcouncil@simpsonu.edu

Name of person who will act as the Chair for this Sub-Committee: _____

Position at Simpson University & Full/Part-Tim Status: _____

Email Address: _____

Phone Ext.: _____

Name of Proposed Sub-Committee: : _____

General description of purpose of the proposed Sub-Committee: _____

Goal(s) of Proposed Sub-Committee (If short term, what will be accomplished at the conclusion of this Sub-Committee):

1.

2.

3.

4.

5.

Proposed start-date: _____

Room or area that will be used for regular meetings: _____

When and how often the Sub-Committee will meet: _____

Ongoing or Short Term Sub-Committee: _____

If Short Term, the anticipated end-date: _____

Activities or events besides regular meetings this Sub-Committee will host or participate in:

1.

2.

3.

4.

5.

6.

What will it cost to operate the proposed Sub-Committee? Describe where the money will come from, and where it will be used:

Why do you think there is an interest in this proposed Sub-Committee?

Members of Proposed Sub-Committee

List at least four staff who will be members of the proposed Sub-Committee, and their position in the committee if applicable (include Committee Chair):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Sub-Committee Chair Commitment

By signing below you verify that you and all members of the proposed Sub-Committee understand and will follow all required criteria and conditions pertaining to staff of Simpson University, Staff Council Members, and Staff Council Leadership Committee sponsored Sub-Committees. You understand that this proposed Sub-Committee is subject to written approval by the SCLC, and all Sub-Committees are subject to dissolution with written notice by the SCLC at any time for violation of the Sub-Committee criteria or conditions. If approved, you commit to chair this Sub-Committee until the listed end-date (Short Term), or until the beginning of the next SC Term starting on May 1st (Ongoing); whichever comes first. You will be responsible to ensure minutes (including attendance) from all meetings, post event evaluations from all activities (as applicable), and end of Sub-Committee/year review, are sent in a timely fashion to staffcouncil@simpsonu.edu for all Sub-Committee activities.

Proposed Sub-Committee Chair (Name): _____

Proposed Sub-Committee Chair (Signature): _____ Date: _____

****The following is to be completed by the Staff Council Leadership Committee****

Sub-Committee Proposal Review

Post Application Review Steps

1. _____ Meeting with the potential Sub-Committee Chair by an appointed representative of the SCLC
2. _____ Review of application by the SCLC at the next SCLC meeting, in light of the above criteria for SC-sponsored Sub-Committees
3. _____ Written decision by the SCLC delivered to the potential Sub-Committee Chair

Proposal Approval

Approved Start Date: _____

Approved End Date: _____

SCLC President Signature: _____ Date: _____

Reasons for Rejection (If applicable):

End of Committee/Year

All meeting minutes received: _____

All Post Event Evaluation forms received: _____

End of Committee/Year Review form received: _____