

EMPLOYEE GRIEVANCE COMMITTEE APPLICATION

Must be a Richland County Government Employee to apply.

Name:					
Home Address:					
Telephone: (home)	lephone: (home) (work)				
Office Address:					
Educational Background:					
Male \square Female \square	Age: $18-25 \square$ $26-50 \square$ Over $50 \square$				
Name of Committee in which interest	sted:				
Reason for interest:					
Your characteristics/qualifications, v Commission:	which would be an asset to Committee, Board or				
Presently serve on any County Com	mittee, Board or Commission?				
Any other information you wish to g	give?				
Recommended by Council Member((s):				
Hours willing to commit each month	n:				

CONFLICT OF INTEREST POLICY

It is the policy of Richland County to require disclosure of any personal or financial interest that may be influenced by decisions of the Committee, Board or Commission for which any citizen applies for membership.

Such conflict of interest does not preclude service but shall be disclosed before appointment. The Clerk of Council shall be notified of any change on an annual basis and members of all Committees, Boards or Commissions shall be required to abstain from voting or influencing

through discussion or debate, or any other way, decisions of the Committee, Board or Commission affecting those personal and financial interests.

All statements so filed shall be signed and verified by the filer. The verification shall state that the filer has used all reasonable diligence in its preparation, and that to the best of his or her knowledge, it is true and complete.

Any person who willfully files a false or incomplete statement of disclosure or no change of condition, or who willfully fails to make any filing required by this article, shall be subject to such discipline, including censure and disqualification from the Committee, Board or Commission, by majority vote of the council.

Commission, by majority v	ote of the council.		
Have you been convicted of checking yes does not autor			than minor traffic violations; deration for appointment.
<u>Yes</u>		<u>No</u>	
STATEME	NT OF FINANCI	IAL OR PERS	ONAL INTERESTS
•	-	•	es or corporation (profit or not-for- Committee, Board or Commission?
Yes_		No	
If so, describe:			
Applicant's Signature		Date	
	Ro	eturn to:	
Clerk of Council, Post Of	fice Box 192, Col	umbia, SC 292	202. You may fax the form to (803)
ī	576-2136 or em For more informa		
One form must be submi		nmittee, Board o serve.	or Commission on which you wish
	Applications are	e current for o	ne year.
	Sta	aff Use Only	
Date Received:		Received by	:
Date Sent to Council: _			
Status of Application:	☐ Approved	☐ Denied	☐ On file