

2019-2020

SITE FACULTY REPRESENTATIVE AND FAC MEMBER LIST

Site elections are held annually prior to September 15th. See FAC Guidelines for more information.

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|--|--|----------------------------|--|
| School/Worksite: | | | |
| # Faculty Reps Allowed (1 for every 25 PGCEA members): | | FAC Meeting/Election Date: | |

Faculty Representative: Is a member of PGCEA's governing body. They represent PGCEA at their location and their site's (member's) collective interests at the monthly PGCEA Representative Council meetings held at the PGCEA Center. **Faculty Reps** are key decision-makers and policy setting body of PGCEA and regularly attend Representative Council Meetings to facilitate Association business. They also hold FAC meetings, assist and communicate with members at their site. The Faculty Representatives are elected by the faculty annually. Each worksite is entitled to at least one **PGCEA Faculty Representative**, and additional Faculty Representatives are on the basis of 1 for every (25) PGCEA members (or portion thereof) and 1 **Alternate Faculty Rep** for each Faculty Rep. (For example, if your site has twenty-six (26) members the site is entitled to two (2) representatives and (2) alternate representatives.)

Faculty Advisory Council (FAC) is a **contractually-mandated**, school-based committee which serves to voice concerns of the general membership to the principal/site manager. The council is elected by the faculty (at the rate of one for every ten (10) unit members or portion thereof). Regardless of the size of the work site, the FAC shall have an absolute minimum of five (5) members. Meetings are held regularly at the representative site.

If your school has more than one Faculty Representative, a **Chairperson** shall be designated by the school delegation (election).

TO ENSURE THAT YOU RECEIVE ALL ASSOCIATION COMMUNICATIONS, PLEASE PROVIDE YOUR CELL PHONE NUMBER AND YOUR **NON-WORK** EMAIL (DO NOT USE -----)

| | EMPLOYEE NUMBER | First Name | LAST NAME | CELL PHONE | NON-WORK EMAIL ADDRESS (DO NOT USE YOUR WORK EMAIL FOR UNION COMMUNICATIONS) |
|------------------|-----------------|------------|-----------|------------|--|
| CHAIR | | | | | |
| REPRESENTATIVE 2 | | | | | |

✓ **CHECK ONE**—All reps and alternate reps are included as a member of the FAC. List *additional* Representatives, Alternate Reps and FAC members below.

| | | | | | |
|---|--|--|--|--|--|
| <input type="checkbox"/> Representative 3 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 4 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 5 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 6 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 7 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 8 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 9 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |
| <input type="checkbox"/> Representative 10 <input type="checkbox"/> Alternate <input type="checkbox"/> FAC Member | | | | | |

I certify that the information above is accurate: _____ Date _____

Faculty Chairperson

*Return completed forms to PGCEA via pony, fax 301-568-8900 or email document to pgceahelpdesk@pgcea.org

A \$6 transportation reimbursement per Representative Council Meeting attended is applicable to the attending rep who must be a member of PGCEA (fee-payers and non-members are not eligible) and his/her name and address *must appear on this list* to be eligible for the transportation fee. Each rep must sign in with the Nominations, Elections and Credentials Commission (NECC) each month to qualify for the transportation stipend - **no exceptions**.

Submit Form