Employee Affinity Group Application

1. Name of Proposed Employee Affinity Group (EAG): _____

2. Purpose Statement: A purpose statement describes the desired purpose and future position of the group connected to the mission of LCC and the DEI strategic plan.

   _____

   _____

3. Please described the shared characteristic or common interest of the EAG. Examples include (but are not limited to) national origin, race, gender identity, sexual orientation, etc.
   Please note that all EAGs must be formed around a shared characteristic or common interest that affects professional development, retention, or the strategic plan.

   _____

   _____

4. Contact information of Individual(s) starting the group:

Name:	Name:
Signature:	Signature:
Employee Type (classified, exempt, temporary hourly, faculty):	Employee Type (classified, exempt, temporary hourly, faculty):
E-mail:	E-mail:
Phone:	Phone:
Department:	Department:

Additional Contacts:

Name:	Name:
Signature:	Signature:
Employee Type (classified, exempt, temporary hourly, faculty):	Employee Type (classified, exempt, temporary hourly, faculty):
E-mail:	E-mail:
Phone:	Phone:
Department:	Department:

5. Funding Requested - (You can request funding at a later date if unsure how much needed at start up): $

6. **By submitting this document with signatures above and below, you have acknowledged that you read and understood the EAG Policy and Procedure and agree to abide by them.**

7. Lead Contact Signature: Date:

8. Please submit the completed application to: dec@lowercolumbia.edu

_____

9. Approved by DE Committee – Signature: Date:

    a. Funding amount approved: $

9. Approved by ELT Date: