

UNIVERSITY OF WISCONSIN—EAU CLAIRE
AUTHORIZED FACULTY/STAFF ORGANIZATIONS
RECOGNITION PROCEDURE

Members of the faculty, academic staff, or classified staff who wish to organize as a recognized group that is not affiliated with any campus department or unit may apply for recognition as an authorized faculty/staff organization through the following procedure.

1. Obtain an “Application for Recognition” form from the Office of the Vice Chancellor for Business and Student Services, Schofield 208, or from the University’s website.
2. Complete the form including:
 - a. Name of the organization
 - b. Purpose of the organization. Purpose must not interfere with or detract from the mission of the University.
 - c. Primary contact person for the organization
 - d. Secondary contact person for the organization
 - e. Proposed longevity of the organization – i.e. temporary, academic year, on-going
 - f. Signature of primary contact person verifying that:
 - i. Fair and democratic procedures will be employed during meetings and elections.
 - ii. Consistent with all applicable federal and state laws and university policies, the organization and its subordinate bodies, officers, and members shall not discriminate based on age, gender, marital or parental status, race, creed or religion, color, sexual orientation, national origin or ancestry, or disability.
 - iii. The organization will observe all policies, procedures, rules and regulations established by the University and the UW System.
 - iv. The organization is established on a not-for-profit basis.
 - v. Membership will be limited to UW-Eau Claire faculty, staff, and students.
3. Submit the form to the Office of the Vice Chancellor for Business and Student Services, Schofield 208.
4. The Vice Chancellor for Business and Student Services will review requests for recognition and either approve or deny them within 10 working days from the date of receipt. The primary contact person listed for the organization will be notified of the status of the request.
5. If the Vice Chancellor denies the request, the group may appeal the decision to the Chancellor.

Once recognized as an authorized faculty/staff organization, the group will have access to University facilities and services in accordance with Chapter UWS 21 of the Wisconsin Administrative Code, UW System Policies, UW-Eau Claire policies 5:16, 5:16.1 and others as applicable.

Any change to the organization’s name, purpose or longevity status requires reapplication for recognition. Changes in contact personnel do not require reapplication, but the Office of the Vice Chancellor for Student Services must be notified of such changes.

UNIVERSITY OF WISCONSIN—EAU CLAIRE
AUTHORIZED FACULTY/STAFF ORGANIZATIONS
APPLICATION FOR RECOGNITION

Name of Proposed Organization: _____

Purpose of Organization: (attach separate sheet if necessary)

Primary Contact

Name _____
E-mail _____
Campus phone _____
Campus address _____

Secondary Contact

Name _____
E-mail _____
Campus Phone _____
Campus Address _____

Longevity of organization: (check one)

- Temporary _____ (Specify period: _____)
- Academic year _____ (Specify year: _____)
- On-going _____

The applicant organization certifies it will abide by the following principles at all times:

- i. Fair and democratic procedures will be employed during meetings and elections.
- ii. Consistent with all applicable federal and state laws and university policies, the organization and its subordinate bodies, officers, and members shall not discriminate based on age, gender, marital or parental status, race, creed or religion, color, sexual orientation, national origin or ancestry, or disability.
- iii. The organization will observe all policies, procedures, rules and regulations established by the University and the UW System.
- iv. The organization is established on a not-for-profit basis.
- v. Membership will be limited to UW-Eau Claire faculty, staff, and students.

Primary contact signature: _____ **Date:** _____

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(for office use only)

Date application received in the Business and Student Services Office: _____

Action of the Vice Chancellor: Approved _____ Denied _____

Signature of Vice Chancellor: _____ **Date** _____