PARTICIPATORY GOVERNANCE PROCESS FORM

Title or Subject of item(s) (draft attached) __________________________________________

Contact Person: _________________________________________________________________

Extension: ________________________________

Purpose of Submission
New Policy and/or procedures ______________________________________________________

Modification to current policy or procedure # ________________________________________

Deletion of policy and/or procedure: ______________________________________________

Mandated: ________________________________________________________________

Other: ______________________________________________________________

(Non-Policy)

Justification for Submission: _____________________________________________________

Proposed Schedule

<table>
<thead>
<tr>
<th>Group</th>
<th>Step</th>
<th>Target Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Governance</td>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>Constituent Groups</td>
<td>Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>Shared Governance*</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>Governing Board**</td>
<td>First Reading</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second Reading</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td></td>
</tr>
</tbody>
</table>

* Discussed and agreed upon by Shared Governance Council

** Determined by Superintendent-President (Chancellor)

Date on Shared Governance Council Agenda ____________________________________________
CERTIFICATION OF POLICY/PROCEDURES DISCUSSION WITH UNIT MEMBERSHIP

Title or Subject ____________________________________________________________
(Policy/Procedures)

The following representatives certify by their signature that the attached policy/procedures have been discussed with their organizational membership. The signatures do not attest to the approval or disapproval of the submitted policy/procedures.

Faculty
CTA/CCA : Signature __________________________________________ Date ______________

Academic Senate: Signature __________________________________________ Date ______________

Classified
Local XX: Signature __________________________________________ Date ______________

CSEA: Signature __________________________________________ Date ______________

Management
Educational Administrators: Signature __________________________________________ Date ______________

Classified Management/Supervisory/Confidential:
Signature __________________________________________ Date ______________

Students
ASG Officer: Signature __________________________________________ Date ______________

ASG Officer: Signature __________________________________________ Date ______________

Administration:
College President: Signature __________________________________________ Date ______________

Chancellor/Cabinet: Signature __________________________________________ Date ______________