



Equity and Social Justice ERG/Affinity Policy

Employee Resource Group (ERG) Participation Form

This form is optional and is to be completed if required by your supervisor.

King County is committed to supporting the growth and development of workplace and work force equity by fostering the development of Employee Resource Groups (ERGs), also known as Affinity Groups. An ERG is an employee-led group formed around common interests, issues, and backgrounds. King County ERGs focus exclusively on protected categories.

Protected category-specific ERGs address racism and other forms of oppression and advance the county's equity and social justice (ESJ) goals. ERGs are a tool for employees with common interests and/or identities to build fellowship, leadership opportunities, and actions towards addressing institutional racism and ESJ plans.

Instructions

Complete the first 3 sections of this form. Deliver your in-progress form to your manager or supervisor so they can complete their section.

Section 1: Employee Information

Employee's Name: _____

Job Title: _____

Department/Division: _____

Direct Supervisor's Name: _____

Direct Supervisor's Email: _____

Section 2: Manager and Employee Agreement

Review, sign and date.

The Manager and Employee agree to the following:

- Employee participation is voluntary and subject to manager approval.
- Managers shall approve employee ERG participation based on the operational needs of the agency or department.
- When using work time to participate in ERG activities, employees shall request prior approval from their manager in order to allow managers time to ensure adequate staff coverage.

- ERG participation will not be approved if the operational needs of the unit will not be met and/or if ERG attendance puts the employee in overtime status for that pay period.
- Managers can approve participation on a six-month basis and reserve the right to deny approval and individual meeting participation based on the needs of the unit.
- Employee ERG participation can be included as part of the employee's professional development plan.

***Employee's Signature:** _____

Date: _____

**electronic signature OK*

Section 3: For Managers Only

Note to managers: Please approve or disapprove the ERG participation for the employee listed in Section 1. If approved, please indicate the expiration date. If disapproved, give the reason for denial and describe the plan to address the barriers so the employee can resubmit the form at a later time. Provide copy of signed form to your employee and keep a copy for your own records.

- Yes, ERG participation is approved subject to operation needs.**

Expiration Date: _____

- No, ERG participation is denied at this time.**

Reason for denial:

The plan to address barriers

Describe the plan to address barriers so the employee can resubmit the participation form.

Manager's Name: _____

***Manager's Signature:** _____

Date: _____

**electronic signature OK*

Manager's Email: _____