



CALAVERAS UNIFIED SCHOOL DISTRICT

AGENDA REQUEST FORM - PUBLIC

Requestor: _____
Print Name Date

_____ City Zip Code
Mailing Address

_____ Cell Phone
Home Telephone

Date of Board Meeting: _____

Section to Place on Agenda: ___ Action ___ Discussion

Estimated Time Needed: _____ Minutes Confidential? ___ Yes ___ No

Title of Item: _____

Summary/Brief Description of Item:

Recommendation/Action Needed:

ATTACH COMPLETED SUPPORT DOCUMENTS TO THIS REQUEST FORM

Request is due in the Superintendent's Office by 9:00 a.m. Monday, one week prior to the Board meeting.

Signature of Originator: _____
Signature Date

Approval of Superintendent: _____
Signature Date