CALAVERAS UNIFIED SCHOOL DISTRICT

AGENDA REQUEST FORM - STAFF

Requestor:_____ _____ _____
Print Name Title Site

Date of Board Meeting:_____

Section to Place on Agenda:

- ☐ Consent
- ☐ Personnel
- ☐ Curriculum
- ☐ Business
- ☐ Staff Report
- ☐ Discussion (No Action)

Estimated Time Needed:_____ 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

Signature/Supervisor of Originator:_____ _____
Signature Date

Signature/Superintendent:_____ _____
Signature Date