

CALAVERAS UNIFIED SCHOOL DISTRICT

AGENDA REQUEST FORM - STAFF

Requestor:			
Print Name	Ti	itle	Site
Date of Board Meeting:			
Section to Place on Agenda:	<pre> Consent Personnel Curriculum</pre>	Staff Repor	
Estimated Time Needed:	Confidential?	Yes	No
Title of Item:			
Summary/Brief Description of Item:			
Recommendation/Action Needed:			
		THIS DECLIEST	EODM

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:			
<i>c c</i>	Signature	Dat	e
Signature/Supervisor of Originator	:Signature	Dat	e
Signature/Superintendent:			
C 1	Signature	Dat	e