

CENTRAL CONSOLIDATED SCHOOL DISTRICT

Board Agenda Item Request Form

Requested by: _____ Contact: (email) _____

School/Department _____ (cell) _____

School/Department Supervisor's Approval: _____ Date: _____

Cabinet Member Review: _____ Date: _____

Cabinet Review: _____ Date: _____

Date of Board Meeting Requested: _____

Budget Requirements: _____

Subject of Requested Agenda Item: _____

Background/ Rationale: _____

Please note: Include appropriate attachments with this request form. Forward to Sharon Ray, SAO, raysh@centralschools.org, (505) 368-4984 Ext. 20105 after Cabinet approval three (3) weeks in advance of requested Work Session or Board Meeting. Thank you.