



BOARD AGENDA FACT SHEET

CLERK USE ONLY
BOS ACTION

Department /Agency _____

Requested Board Date _____

1. Request:

Board Approval

Information Only/Presentation Schedule Hearing Time: _____

Other (specify) _____

2. Requested Action: *Type requested action below*

3. Cost \$ _____ Source: _____

4. If approval of Contract, reviewed/approved by County Counsel on: _____

By: _____ Action Request # _____
Assigned by County Counsel's Office

5. If approval of position allocation change, approved by Human Resources on: _____

By: _____

6. Electronic copy submittal date: _____ By: _____

Department Head/Agency Representative

INSTRUCTIONS: *Back-up must be submitted 11 BUSINESS days prior to requested date. Back-up submitted must contain an Original and 6 copies. Copies must be submitted double sided and three (3) hole punched. Back-up must be submitted in a PDF format to cobstaff@co.imperial.ca.us.*

CEO/CLERK USE ONLY:

DATE STAMP

BOARD DATE: _____

Action _____ Filing _____

Consent _____ Presentation _____

Hearing _____ CEO Approval _____

Other (specify) _____

CEO

Date