

## BOARD AGENDA REQUEST FORM

***(Please return this form in a sealed envelope to Customer Service. Request must be submitted two weeks in advance of regularly scheduled monthly board meetings.)***

Name: _____ Email: _____ Primary Phone: _____ Alternate: _____	Board Agenda Request Date: <i>(to be submitted to board secretary two weeks prior to board meeting)</i> _____
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<i>(If internal to Sevananda):</i> Title: _____	<i>(If internal to Sevananda):</i> Department: _____
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### REQUESTED AGENDA ITEM(S)

- Title of item to be discussed: \_\_\_\_\_
- Approximate time needed for presentation: \_\_\_\_\_
- Bylaws or policies that the item pertains to: \_\_\_\_\_
  - 1) List all bylaw article numbers and lines: \_\_\_\_\_
  - 2) List all policy numbers, titles and lines: \_\_\_\_\_
- Detail of discussion item: \_\_\_\_\_  
 \_\_\_\_\_
- Detail of discussion item: \_\_\_\_\_
  - Governance based —
  - Suggested bylaw/policy change or board action proposed: \_\_\_\_\_  
 \_\_\_\_\_
  - Event based —
  - What is the proposed board action regarding event? \_\_\_\_\_  
 \_\_\_\_\_
  - What are the details of the event? \_\_\_\_\_  
 \_\_\_\_\_

Details include description of events with titles and/or names of parties involved; if anonymous state "prefers to remain anonymous", must not be based on here say, party of complaint or party of grievance may need to be identified at some point in the process, clear and comprehensive treatment of topic most helpful, board does not intervene in store operation/member based grievances unless grievance process for Sevananda staff or member has been tried and exhausted. \*Supply any supporting documents.

SIGNATURE	BOARD OF DIRECTORS SECRETARY SIGNATURE
Name: _____ Date: _____	Name: _____ Date: _____