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| Board Meeting Date: | | | Consent Agenda |
| Requester's Name: | | | Timed |
| Title: | | | Time Required: |
| Department: | | | Item for Consideration |
| Board Action Requested: | | | |
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| Select which Value Stream the request primarily aligns with: | | | |
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| Briefly describe how the request aligns with the selected value stream. | | | |
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| Describe the impact on staffing resources. | | | |
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| Describe the impact on financial resources. | | | |
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| Background/Justification: | | | |
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| Has the request been reviewed by the Attorney's Office? | | | |
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| Risk Management? | | | |
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| Number of original documents requiring signature | | | |
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