

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