Complete this form to request any District Committee or Work Team. Submit to Cabinet-level Supervisor or Superintendent.

Date	School Year	District
COMMITTEE /		
	Si	chool year, on-going, etc.
TENTATIVE MEETING SCHEDULE:		
		ekly, monthly, quarterly, etc.
MEMBERSHIP NEEDS / REQUIREMENT	NTS & COMPOSITION:	
MEMBERSHIP RECRUITMENT:		
Volunteers recruited from website or portal Volunteers solicited		
MEMBERSHIP SELECTION & CRITER	RIA TO BE USED:	
FISCAL IMPACT & FUNDING SOURC	E:	
Cabinet Use Only:		
Approved for Committee / Work Team Creation a	and Membership Recruitment	