



AGENDA REQUEST FORM

www.jeffersoncountywv.org

Name:

Department or Organization:

Estimation of time needed for appointment:

Date Requested – 1st Choice:

If a specific date is needed, please provide reason:

2nd Choice:

Subject (wording to be placed on agenda):

Please provide a description of your request or presentation, including any background information:

Is this a Funding Request? Y/N

If so, how much? \$

Provide exact financial request:

Is this a Hiring Request?

Name of Hire:

Annual Salary: \$ 70 Hr/80 Hr

Start Date (beginning of pay period):

Increase after probation if any: n/a

Any Additional Conditions of Employment:

Recommended Motion (type out wording of the motion you would like the Commission to approve):

Attach supporting documents for request, or request may be denied.

If not attached, explain:

Is equipment needed? Projector: Y/N Internet/Wi Fi: Y/N Telephone for conference call: Y/N

Contact Information:

Phone Number:

Email Address:

FOR COMMISSION STAFF USE ONLY – FINANCIAL IMPACT/RECOMMENDATION