

TO: STEPHANIE S. ELIZALDE, Ed.D., *SUPERINTENDENT OF SCHOOLS*

From: _____ Department: _____

Date Submitting: _____ Specific Date Needed: _____

ACTION REQUIRED: Approval: _____ Signature: _____

COMMENT: _____

Proofreader(s): _____, _____, _____
(Dept. Head Signature/Initials) (Ex. Dir. Signature/Initials) (Memo/Letter: Communications)

Attorney's Review: Required _____ Not Required: _____
(Attorney's Initials) (Legal Dept. Rep. Name)

Departmental Chief Officer approval: _____

Chief Financial Officer approval: _____
(Approval required if document includes current or future financial obligations for the district.)

Contact person for questions: _____ Phone: _____

Revised 070122

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