

**MODOC COUNTY BOARD OF SUPERVISORS  
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: **March 17, 2020**  
Name of Requesting Party or Entity: **Elizabeth Cavasso, Board of Supervisors**

Regular or Consent: **Regular**

Kind of Action Requested: **Consideration/Action**

Describe Specific Action Requested or Information to be Discussed:

**Requesting approval of a Resolution establishing interim personnel policies related to COVID-19.**

Clerk's Instructions:  
Certified Copies Needed: 2  
Minutes Orders Needed: 1

Date Submitted: 3/16/2020

Phone Number: (530) 640-0002

Email: elizabethcavasso@co.modoc.ca.us

Agenda Item Number:3.a

**RESOLUTION #**

**PASSED AND ADOPTED** by the Board of Supervisors of the County of Modoc, State of California, on the 17th day of March, 2020 by the following vote:

Motion :

BOARD OF SUPERVISORS  
OF THE COUNTY OF MODOC

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Kathie Rhoads, Chair  
Modoc County Board of Supervisors

ATTEST:

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Tiffany Martinez  
Clerk of the Board