

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

Date of Meeting for Which Item is Requested: **February 25, 2020**

Name of Requesting Party or Entity: **Kim Wills, Probation**

Regular or Consent: **Regular**

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

Describe Specific Action Requested or Information to be Discussed:

Requesting approval to amend the Personnel Allocation Table to one (1) Probation Officer I to open and allocating one (1) Probation Officer II.

Budget Affected: Yes

Clerk's Instructions:

Certified Copies Needed: 1

Minutes Orders Needed: 1

Date Submitted: 2/18/2020

Phone Number:

Email: kimwills@co.modoc.ca.us

Agenda Item Number:8.e