

**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: **Chester Robertson, Administrative Services**

Regular or Consent: **Regular**

Kind of Action Requested: **Closed Session**

Describe Specific Action Requested or Information to be Discussed:

Pursuant to CA Government Code 54957; Performance Evaluation; Title: Interim Director of Health Services.

Budget Affected: No

Clerk's Instructions:
Certified Copies Needed: No
Minutes Orders Needed: No

Date Submitted: 2/20/2020

Phone Number: 530-233-7660 Email: ChesterRobertson@co.modoc.ca.us

Agenda Item Number: 12.b