

## **AGENDA REQUEST FORM**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Polic school	MEETING DATE	Jun 15 20	16 10:15AM - Regul	ar School Board Meeting	11/	pecial Ord	der Request No	
ITEM No.:	_	OPEN ITE	-MS		<b>三</b> 阜			
II-2.	<u> </u>		OF THE SUPERIN	PERINTENDENT			Time	
11-2.	Ľ		ef Human Resource Officer			Open Agenda		
TITLE:	DEPARTMENT	Jillei Mari	lan resource Office			) Yes	O No	
Affiliation with the Fl	lorida Association of District	School Sup	erintendents for the 2016	3-2017 School Year			ļ	
REQUESTED A								
Approve membersh	ip in the Florida Association	of District S	chool Superintendents (F	FADSS).				
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	PLANATION AND BA							
he Florida Associa	tion of District School Supe	rintendents	(FADSS) assists and sup	ports superintendents in providin	g leadership to	ensure that	every student in	
lorida acquires the	skills, knowledge and attitu	de to be cor	ntributing members of our	democratic society through lead	ership develop	ment prograr	ns focused on	
tudent achievemer	nt, building relationships with	i business a	nd government leaders, a	and communication and networki	ng services.			
SCHOOL BOA		ion (a)	Cool 2: Continuou	ıs Improvement (•) G	oal 3: Effect	ive Comn	nunication	
	High Quality Instruct	tion (	Goal 2: Continuou	is improvement.	Oal 3. Elleci		- Intribution	
FINANCIAL IM								
The cost of the FAL	DSS affiliation is \$24,884. T	he source o	f funding is the Superinte	ndent's budget.				
<u> </u>								
EXHIBITS: (Li				V-12-				
(1) FADSS 2016	17 Dues Memorandum	(2) FADSS	S Invoice					
BOARD ACTIO	ON:		SOURCE OF ADDITIONAL INFORMATION:			1		
			Name: Robert W. Runcie		P	Phone: 754-321-2600		
APPROVED -								
(For Official Sc	hool Board Records Office Only	)	Name:			Phone:		
THE SCHOOL	OL BOARD OF BR	OWAR	COUNTY, FLO	RIDA				
Senior Leader	ls - Chief Human Reso	ources & I	Equity Officer	Approved In Open_		IUN 1 5	2016	
Claig J. Nichol				Board Meeting On:	4		~	
Signature				By:	1000	ia()/	ham	
	Craig J. Nic		_		10 000	wex C	1 greek	
5/26/2016, 12:20:30 PM					Scho	School Board Chair		

Electronic Signature
Form #4189 Revised 04/16
RWR/ CJN:dp