

AGENDA REQUEST FORM THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

| NI | .6 | | L BOARD OF BROV | VARID COOKT 1, 1 EORIDA | |
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| Eblic Scho | MEETING DATE | 2018-02- | 21 10:05 - Regular S | School Board Meeting | Special Order Reque |
| TEM No.: | AGENDA ITEM | ITEMS | | | |
| CC-6. | CATEGORY | CC. BOA | RD POLICIES | | Time |
| | DEPARTMENT | Compens | sation (Human Reso | urces) | Open Agenda |
| TTLE: | | | | | |
| | ed Job Description for the Spe | ecialist, Food | and Nutrition Services Ed | quipment & Supplies Position | |
| | | | | | |
| REQUESTED | | ociolist Foo | d and Nutrition Continue E | quinment & Cumpling Position An | oproval is requested to advertise the pos |
| | ding. This is the First reading | | a and Nutrition Services E | quipment a supplies Position. App | pproval is requested to advertise the posi |
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| UMMARY E | EXPLANATION AND BA | ACKGRO | JND: | | |
| - | | | | | n support of Food and Nutrition Services February 1, 2018. See attached Executive |
| | | | | | : Wright Administration Center and availa |
| | oward County Public Schools | | | | G |
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| _ | OARD GOALS: 1: High Quality Instruc | otion (a) | Goal 2: Continuou | ro Improvement (a) Co. | pal 3: Effective Communication |
| INANCIAL | | | Goal 2. Continuot | is Improvement (•) Go | Jai 3. Enective Communication |
| | | Notriot | | | |
| nere is no addi | tional financial impact to the D | JISTIICT. | | | |
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| EXHIBITS: (| List) | | | | |
| 1) Executive | Summary (2) Job Descript | tion | | | |
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| | | | SOURCE OF ARRI | TIONAL INCODMATION. | |
| BOARD ACT | ΓΙΟΝ: | | | TIONAL INFORMATION: | |
| | | | Name: Rose M. Ha | all | Phone: 754-321-0144 |
| (For Official | School Board Records Office Only | v) | Name: Maurice L. | Woods | Phone: 754-321-2610 |
| • | OOL BOARD OF BE | | COUNTY, FLO | RIDA Approved In O |)non |
| <u>Senior Lead</u> | er & Title | | | Approved In O Board Meeting | |
| Craig J. Nich | ols - Chief Human Res | ources & | Equity Officer | 1 | By: |
| Signature | | | | _ | School Board Chair |
| _ | | | | | |
| | | | | | |

Electronic Signature
Form #4189 Revised 08/04//2017
RWR/ CJN/MLW/RMH:im