NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office Date forwarded to Clerk: **_10-26-2012_____**

From: (District or Committee) Public Authority for IHSS Advisory Committee

Board of Supervisors Meeting Date**:** **November 6, 2012**

Name of Board, Commission, or Committee: **In-Home Supportive Services Advisory Committee**

Name of Appointee:

Michael Bennett

Check one:
New Term _____

Reappointment _____

Filling a vacant term _____

Filling an unexpired term ___X___ (if checked, list who is being replaced, reason and term expiration date below)
Replacing which member: __Laura Harris, resigned as representative of Commission on Disabilities, probably in 2011. Served only a few months._____
If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____X_____

Death of member _____

Member did not complete term _____X_____

Other _____

TERM EXPIRATION DATE: _6/30/2013_____ (list unexpired term expiration date)

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI Form Updated 01-09-12