



NOTIFICATION TO CLERK OF APPOINTMENT

To: **Clerk of the Board's Office**

Date forwarded to Clerk: 10/19/12

From: (District or Committee) **IHSS Advisory Committee**

Board of Supervisors Meeting Date: **11/06/12**

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

Name of Appointee:

Olivia Quezada

Check one:

New Term _____

Reappointment _____

Filling a vacant term _____

Filling an unexpired term (if checked, list who is being replaced, reason and term expiration date below)

Replacing which member: Denika Boardman, representing Central Coast Center for Independent Living (CCCIL)

If applicable, check below regarding the reason for the unexpired term:

Resignation of member **Resigned at the Sept. 11, 2012 Meeting**

Death of member _____

Member did not complete term _____

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