



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 9/17/21

From: (In-Home Support Services Advisory Council) Representing District 1

Board of Supervisors Meeting Date: December 14, 2021

Name of Board, Commission, or Committee: In-Home Support Services (IHSS) Advisory Committee

Name and Address of Appointed: Juan Morales_____

Check one:

New Term _____

Reappointment X

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

Replacing which member:

Maddy Act Regulations:

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

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: June 30, 2024

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI

Form Updated 05-15-13