



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office

Date forwarded to Clerk: 05-28-14

From: (District or Committee) In-Home Supportive Services (IHSS) Advisory Committee

Board of Supervisors Meeting Date: June 17, 2014

Name of Board, Commission, or Committee:

**In-Home Supportive Services (IHSS) Advisory Committee**

Name of Appointed: Olga Nevarez

Check one:

New Term \_\_\_\_\_

Reappointment \_\_\_\_\_

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

Replacing which member: Olivia Quezada, CCCIL Representative

**Maddy Act Regulations:**

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

Resignation of member XXX \_\_\_\_\_

Death of member \_\_\_\_\_

Member did not complete term XXX \_\_\_\_\_

Other \_\_\_\_\_

**TERM EXPIRATION DATE:** 06/30/16

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

Form Updated 05-15-13