



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: **9/15/15**

From: (District or Committee): **Public Authority for In-Home Supportive Services**

Board of Supervisors Meeting Date: **9/29/15**

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

Name of Appointed: **Raymond Torres**

Check one:

New Term _____

Reappointment _____

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

Replacing which member: **Yolanda Harris, Resigned effective 12/12/2014**

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 _____

Other _____

TERM EXPIRATION DATE: 6/30/2016

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

Form Updated 05-15-13