



# PRESIDENT'S OFFICE SIGNATURE REQUEST FORM

Reference: Board Policy 6100

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Ext: \_\_\_\_\_

Document: \_\_\_\_\_

Cost: \_\_\_\_\_

Summary of Request: \_\_\_\_\_

### **SECTION A – Board Goals**

The following information will assist with determining if documents need Board approval through Resolution or the monthly *Warrants Paid Resolution*.

- All new, revised, and/or renewal agreements must be approved by the Board unless the MOU/ Agreement/ Contract is for **maintenance, equipment services, personal/professional services, or instructional assistance** and for **less** than \$20,000.
  - These agreements may be approved by the Superintendent/President with ratification from the Board by approval of the warrants (BP 6340).

#### **Instructions:**

Does the agreement align with any of the following goals, or is it above \$20,000?

<b>Board of Trustees Goals 2023-26</b>
1.1 Monitor improvement in comprehensive educational plans and the timeliness to student completion.
1.2 Monitor student enrollment, including growing dual enrollment and non-credit.
1.3 Monitor the implementation of guided pathways.
1.4 Monitor and participate in strengthening community relations to support matriculation from K-12 to the universities and/or the workforce.
2.1 Monitor and support professional development opportunities for employees.
2.2 Monitor the improvement of information technology infrastructure, resources, and training to support student access, success, and distance education.
2.3 Monitor the enhancement of basic needs services and related community partnerships.
3.1 Monitor the development of CTE programs and emerging industries.
3.2 Monitor and support the implementation of a CTE bachelor's degree.
4.2 Monitor activities and support program to eliminate barriers to student success, including cost of attendance, basic needs, housing, access, etc.

\_\_\_\_ **YES**, your agreement needs Board approval through Resolution – forward agreement to the Vice President of your area and Executive Assistant with Resolution for Board approval.

- If document has been approved by the Board; provide Resolution No. \_\_\_\_\_ Date approved: \_\_\_\_\_

\_\_\_\_ **NO**, continue to Section B

### **SECTION B – Routing**

1. If your document does not require Board approval through a Resolution, type Dr. Johnson's signature block on all required areas:  
Lennor M. Johnson, Ed.D. Superintendent/President **or** Dr. Lennor M. Johnson, Superintendent/President
2. Flag all areas where Dr. Johnson needs to sign.
3. Your Dean, Vice President, and the CBO (if applicable) must review prior to Dr. Johnson's review/approval.
4. Once your document is ready for review, route via Adobe Sign or in person. Place this form as page 1 of the packet and Cc: Mabel Vargas.

#### **Signatures**

Dean \_\_\_\_\_

Vice President \_\_\_\_\_

CBO \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_