PASSCo
Personnel and Administrative Services
Steering Committee
CCSESA

CNS Member Request

Please complete ALL sections of the form and submit to CNS Chair

Completed by _____ Email _____ Date Initiated _____

Reason for Action

☐ New to Position (Add) ☐ Replacement of (Delete) _____ ☐ Update Information

Contact Information *(To be completed when adding a new member or updating information only)*

Full Name (first & last) _____

County Office/District _____

Position Title (role) _____

Email _____

Phone (_____) _____ Fax (_____) _____

Work Address _____

City, State & Zip _____

County Office HR PASSCo Member Approval

☐ Approved ☐ Not Approved Completed by _____ Email _____ Date _____

*Email to PASSCo CNS Chair

CNS Chair Review/Approval

CCSESA: ☐ Approved ☐ Not Approved FCMAT List Serv: ☐ Approved ☐ Not Approved

Completed by _____ Email _____ Date _____

Comments _____

*Email to PASSCo Chair-Elect

PASSCo Chair-Elect Review/Approval

CCSESA: ☐ Approved ☐ Not Approved FCMAT List Serv: ☐ Approved ☐ Not Approved

Completed by _____ Email _____ Date _____

Comments _____

Email to Christina Marcellus at cmarcellus@ccsesa.org

CCSESA USE ONLY

☐ *FCMAT Changes/Updates ☐ *CCSESA Changes/Updates

_____

Name *Date*

*Upon completion, please forward to PASSCo Chair-Elect.

FCMAT: Fiscal Crisis & Management Assistance Team
CCSESA: California County Superintendents Education Services Association