

Columbus Municipal School District

Philip Hickman, Ph.D. Superintendent

2630 McArthur Drive P.O. Box 1308
Columbus, Mississippi 39703
TELEPHONE (662) 241-7400
FAX (662) 241-7453

Board Agenda Items and Documentation

Submit this form (with attachments) to the appropriate supervisor.

Date of Board Meeting _____

Title of Agenda Item _____

Principal/Department Head:

___ Superintendent ___ Deputy Superintendent ___ Assistant Superintendent

For Personnel Agenda Items, provide the information requested and submit to the appropriate supervisor.

Date Position Advertised _____

If Not Advertised Explain _____

Date Applicant Interviewed _____

___ Superintendent ___ Deputy Superintendent ___ Assistant Superintendent

To be completed by Central Office:

- ___ Board Approval – Consent Item
- ___ Board Recognition
- ___ Board Information
- ___ Board Discussion/Action
- ___ Personnel
- ___ Executive Session
 - ___ Suspension
 - ___ Expulsion
 - ___ Other
- ___ Work Session

I have carefully reviewed this document and attachments, and verified that they are correct, complete and reviewed by the appropriate personnel.

I request that the document(s) be placed on the _____, 2014-2015
Board Meeting Agenda. Board meeting date

Principal/Department Head

Date

Deputy Superintendent/Assistant Superintendent

Date

Superintendent

Date