

The University of Southern Mississippi Staff Council

ACTION ITEM request form

Date: _____

Item: _____

Action you want to see taken: _____

Signature: _____

(Your signature is not required, but if not given, response may not be able to be returned to you by the submitting Staff Council member.)

As a member of Staff Council, I am presenting the above action item for consideration.
*(**Forms should be submitted to the Staff Council President by the 15th of the month for consideration/possible agenda discussion at the following month's Council meeting**)*

Council Member's Signature: _____

Committee Assigned: _____

Action Taken: _____
