The University of Southern Mississippi

ACTION ITEM

Request for Staff Council Consideration

Date: _____

Item: _____

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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 by the 15th of the month for consideration/possible agenda discussion at the following month's Council meeting**)

Member's Signature: _____

Action Taken: _____

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