

Levy County Board of County Commissioners Agenda Item Summary Form

| 1. | Name: | Jacqueline Martir | Jacqueline Martin | | |
|-----|--|--|---------------------------|-------|--|
| 2. | Organization/Title/Telephone: | Human Resource | Human Resource Manager | | |
| 3. | Meeting Date: | Tuesday, January | Tuesday, January 16, 2024 | | |
| 4. | Requested Motion/Action: Interview Applicant: Sara Shepho | erd | | | |
| 5. | Agenda Presentation: | Yes □ | No □ | N/A □ | |
| 6. | Time Requested: (Request will be granted if Possib | rested: Click or tap to enter a date. rest will be granted if Possible) allotted time not more than 15 minutes | | | |
| 7. | Is this Item Budgeted (If Applicable): | Yes □ | No □ | N/A □ | |
| 8. | If no, State Action Required: | | | | |
| | a. Budget Action: | | | | |
| | b. Financial Impact Summary Statement: | | | | |
| | c. Detailed Analysis Attached | | | | |
| | d. Budget Officer Approval: | | | | |
| | If approve | d enter date: Click or tap | to enter a date | ·. | |
| 9. | Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) | | | | |
| | Application attached | | | | |
| 10. | Recommended Approval | | | | |
| | a. Department Director: | Yes □ | No □ | N/A □ | |
| | b. County Attorney: | Yes □ | No □ | N/A □ | |
| | c. County Coordinator: | Yes □ | No □ | N/A □ | |
| | d. Other: | Yes □ | No □ | N/A □ | |