## Agenda Worksheet

## Submit completed worksheet to:

Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular	⊠ Time F		Requested: <u>5 Min.</u>		Meeting Date:	November 18, 2025	
<i>OR</i> Consent							
	⊔ arson/De	nartment:	Joanne	Iohnson Ad	ministration	Phone:	842-8012
Contact Person/Department: Joanne Johnson, Administration Phone: 842-8012  Address: 1312 Fairlane Rd, Suite 1							
Person Appearing/Title: Hayley Hudson, Deputy County Administrator							
Subject/Summary of Issue:							
Proclamation of the Siskiyou County Board of Supervisors recognizing November 17 through November 21, 2025 as California Clerk of the Board of Supervisors Week.							
·							
Financial Impact:  Describe why no financial impact:							
NO 🛚		-	•				
YES 🗆	Describe	impact by indi	cating amoun	t budgeted and t	unding source below		
Amount:							
Fund:			Descriptio	n:	Org.:	Description:	
Account:			Descriptio	n:			
Activity Code	e:		Descriptio	n:			
Local Preference: YES NO							
For Contracts – Explain how vendor was selected:							
Additional Information:							
Recommended Motion:							
Staff respectfully requests that the Board adopt the Proclamation recognizing November 17							
through November 21, 2025 as California Clerk of the Board of Supervisors Week.							
Reviewed as recommended by policy: Special Requests:							
County Cour			y poney.				
					Certified Minute Order(s)	Quant	tity:
Auditor					Solution williate Order(s)	Quant	
Personnel					Other:		
$C\Lambda O$							

NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.

Revised 8/09/2021