

APPLE VALLEY UNIFIED TEACHERS ASSOCIATION/ CTA/NEA

Meeting of the _____ Committee

Date: _____ **Place:** _____ **Time:** _____

Members in attendance: (Please print names)

(Chair or Person in Charge)

Discussion items:



Additional Information/Action Items:.

1. _____

2. _____

Action item(s) needing Rep Council attention:

1. _____

2. _____

Please return or email this completed form to Kristy Croft at Sandia Elementary, in a timely matter, following your meeting. Failure to do so may result in non-payment of a given stipend.