

ALBANY CALIFORNIA



CITY OF ALBANY
1000 SAN PABLO AVENUE
ALBANY, CA 94706
www.AlbanyCA.org

REQUEST TO AMEND ADVISORY BODY WORK PLAN FORM

INSTRUCTIONS: ADVISORY BODIES ARE REQUIRED TO COMPLETE FORM
AND SUBMIT TO THE CITY COUNCIL VIA THE STAFF LIASION

Attach additional pages as needed

DATE: _____

ADVISORY BODY: _____

STAFF LIAISON: _____

PROPOSED AMENDMENT TO WORK PLAN: _____

**DOES THE PROPOSED AMENDMENT ADD TO THE ADVISORY BODY'S
OVERALL WORK LOAD?** _____

HOW WILL THE EXTRA WORK LOAD BE MANAGED?

NOTE: Changes to a work plan may be requested at any time during the 2-year term by the affirmative vote of the majority of appointees. No changes can be made after November 1 in the second year of the work plan.

WHAT IS THE ANTICIPATED TIMEFRAME FOR COMPLETION OF THE PROPOSED ITEM? _____

EXPLAIN HOW THE AMENDMENT IS IN LINE WITH THE ADVISORY BODY'S ROLE AS DEFINED BY THE CITY COUNCIL:

PLEASE PROVIDE PRO/CON ANALYSIS REGARDING THE PROPOSED AMENDMENT:

RECORD OF COUNCIL ACTION

ACTION TAKEN: _____

ATTEST: _____ **DATE:** _____

CITY CLERK