



Little River Band of Ottawa Indians

**TRIBAL COUNCIL
WORK SESSION REQUEST**

A. Work Session Topic/Title: _____

Requested by: _____ Lead _____ Dept Director _____

Who Should Attend? 1. _____ 4. _____
(Apart from Council) 2. _____ 5. _____
3. _____ 6. _____

When would you like to meet? Alternative: _____

How much time is needed? _____

B. Reason for Work Session (be as specific as possible): This portion must be completed.

1. _____
2. _____
3. _____

C. Recommendation/Proposal and justification/intent: (Must have at least one, will not be accepted if this is blank – attach additional documentation if necessary.)

1. _____
2. _____
3. _____

Tribal Ogema Signature

*required if request is being made by executive employee

Date

Tribal Council Recorder Signature

Date

Tribal Council Executive Assistant Signature

Date

Disclaimer: If you fail to appear at the scheduled work session it will be cancelled.

D. **Date & time meeting scheduled:** _____

Note: It is the responsibility of the individual requesting the Work Session to notify and work out any potential scheduling conflicts with any participants, apart from Council, being requested to attend.

If not attached, all supporting documents and materials are due to Tribal Council 48 hours prior to the Work Session. Due on: _____