

Agenda Item	Subject, Concern or Problem (See reverse for completion instructions)	Recommendation
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Co-Chairpersons' Signatures Please indicate by (X) in the brackets below who chaired this meeting

BOH manager and volunteer co-chair must sign each page of the minutes when they agree that the minutes are complete and accurate

If one or both co-chairs do not agree with the minute record, please attach concerns on a separate page

In my opinion, the above is an accurate record of this meeting

(X) First name of Employer Co-Chair Mari Yasunatsu () First Name of Worker Co-Chair Natasha Lind

Signature _____ Signature _____

Agenda Item

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(See reverse for completion instructions)



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Signature _____ Signature _____
