

# Chancellor Action/Information Transmittal

Subject:					
Action Coordinator* (AC) Name:					
AC Department & Position:					
AC Email:		Phone:		Date:	
AC Signature:		Suspense Date for Completion:			

Purpose/ Background:

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Recommendations(s):

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Attachment(s):  
(list in order)

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## Routing for Coordination, Review, Comment, Approval, Signature

To	Indicate Action Required & Due Date	Initial	Date
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Instructions(s) for final  
disposition:

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Return to Action Coordinator

Other (please use space above to explain)

**\*Action coordinator:**

Accountable employee; responsible for questions, edits, information, and meeting the completion suspense date.