

SJASC MOTION FORM

DATE: _____

MOTION MADE BY: _____

MOTION # _____

MOTION 2ND BY: _____

MOTION: _____

INTENT: _____

TO BE FILLED OUT BY THE SECRETARY

MOTION VOTED ON (BY THE GSRs) AT AREA

MOTION TO BE VOTED ON BY THE GROUP

MOTION RESULTS

MOTION PASSED

2/3 QUORUM COUNT: _____

MOTION FAILED

OF YES VOTES: _____

MOTION TABLED UNTIL _____

OF NO VOTES: _____

OF ABSTENTIONS: _____