

**Franklin Public Schools  
Franklin, Massachusetts 02038**

**Action Required**

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**Subject:** Override MOU

**Date:** April 30, 2024

**Dept:** School Committee

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**Reason:** Required Vote

**Enclosure:** yes

**Recommendation:**

Override Memorandum of Understanding

I recommend approval of the Override Memorandum of Understanding as discussed.

**Action Requested of the School Committee:**

Majority vote of the School Committee is required.

<u><b>Vote Tabulator</b></u>	
E. Gallagher: Y / N	D. McNeill: Y / N
D. Callaghan: Y / N	R. O'Sullivan: Y / N
Al Charles: Y / N	KP Sompally: Y / N
P. Griffith: Y / N	Action: _____