

AGENDA PLACEMENT FORM

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

Date: _____

Meeting Date: 5/28/2024

Submitted By: _____

Department: County Judge's Office

Signature of Elected Official/Department Head:

<p>Court Decision: This section to be completed by County Judge's Office</p>

<p>May 28, 2024</p>

Description:

Reappointment of Robert Shaw, MD as the Johnson County Health Authority for a Two-Year Term

(May attach additional sheets if necessary)

Person to Present: _____

(Presenter must be present for the item unless the item is on the Consent Agenda)

Supporting Documentation: (check one) PUBLIC CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

Estimated Length of Presentation: _____ minutes

Session Requested: (check one)

Action Item Consent Workshop Executive Other _____

Check All Departments That Have Been Notified:

County Attorney IT Purchasing Auditor

Personnel Public Works Facilities Management

Other Department/Official (list) _____

**Please List All External Persons Who Need a Copy of Signed Documents
In Your Submission Email**



CHRISTOPHER BOEDEKER
JOHNSON COUNTY JUDGE
2 NORTH MAIN STREET, ROOM 120
CLEBURNE, TEXAS 76033

Paula Reid
Office Administrator
Rexann Knowles
Budget Coordinator
Rachel Sittler
Court Clerk
Kay Anderson
Receptionist

May 2, 2024

Dr. Robert Shaw
Via Email

RE: Re-Appointment as Johnson County Local Health Authority

Dr. Shaw:

Thank you for your continued service to Johnson County. We appreciate your years of dedication to our community, both in your tenured medical practice and your willingness to serve as our Local Health Authority.

Your appointment as the LHA will expire this month, and we would like to re-appoint you to another two-year term. If you are willing to serve, please let us know so that we can submit the paperwork to the State.

If you have any questions, please let me know. We truly appreciate your guidance over the last several years, and we look forward to continuing to work together.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Boedeker", is written over a faint, larger version of the signature.

Christopher Boedeker

ROBERT H. SHAW, M.D.

.....
5252 N. HIGHWAY 171
CLEBURNE, TEXAS 76033
TELEPHONE 817.296.0375 FAX 817.558.7529

May 8, 2024

The Honorable Christopher Boedeker
#2 Main Street, Room 120
Cleburne, Texas 76033

RE: Re-Appointment as Johnson County Local Health Authority

Judge Boedeker:

Thank you for your letter regarding my service as Johnson County Local Health Authority. It has been a privilege to serve in this capacity.

It will be my honor to accept the position of LHA for another term. I look forward to our continued partnership.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. H. Shaw M.D.", with a stylized flourish at the end.

Robert H. Shaw, M.D.
Johnson County Health Authority
Cleburne, Texas 76033
Phone: 817.296.0375