**Policy Change Transmittal Form**

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| To: |  |
| From: |  |
| Re: | New Policy/Policy Change |

Policy to be reconsidered/change (if applicable) (attached additional sheets if necessary):

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Recommended changes/New Policy (attached additional sheets if necessary):

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Rationale (attached additional sheets if necessary):

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| Submitted By: |  | Date: |  |

**Action from Committee**

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|  | Approved and forwarded to Governing Council |
|  | Approved with modifications and forwarded to Governing Council (See attached) |
|  | Not Approved |
|  | Reason: |
|  |  |

Signature of Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action from Governing Council**

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|  | Approved and forwarded to the Director |
|  | Approved with modifications and forwarded to the Director(See attached) |
|  | Returned to committee with recommendations (see attached) |
|  | Not Approved |
|  | Reason: |
|  |  |

Signature of Governing Council President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_