

This form must accompany the proposed new or amended policy and include the appropriate signatures in 3a and 3b before it can be submitted to the Policy Briefing Agenda.

**PROPOSED POLICY
CHANGE FORM**

Originator's name or contact person / Position

Department / Telephone

1. If there is an existing policy, please identify the alpha code of the policy _____

2. Check applicable: New policy _____ or Amend existing policy _____

What is the rationale for the recommendation?

3. REQUIRED REVIEW/APPROVAL SIGNATURE

a) DEPUTY SUPERINTENDENT OR SPECIAL ASSISTANT TO SUPERINTENDENT

1st Revision _____ date _____

2nd Revision: _____ date _____

3rd Revision: _____ date _____

b) DEPARTMENT OF LEGAL SERVICES

Initial Date Received for Legal Review: _____ date _____

Returned to Originator for Revisions: _____ date _____

2nd date Received for Legal Review: _____ date _____

Returned to Originator for Revisions: _____ date _____

3rd Date Received for Legal Review: _____ date _____

Approved as to Form _____ date _____

Board Document received for Submission to the Board of Trustees for approval: date _____