

## Policy Manual Change Request

*Please complete this form and submit it to the Business Manager. The request will be considered by the Board of Trustees.*

<b>Date:</b>	<b>Submitted By:</b>
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<b>Number and Name of Policy:</b>
<b>Description of Suggested Change:</b> <i>(Please be specific. If possible, please include suggested wording for a change or addition.)</i>
<b>Reason for Suggested Change:</b>
<b>Additional Notes:</b>

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<b>Date reviewed by Business Manager:</b>	<b>Date reviewed by Board of Trustees</b>
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<b>Decision on Suggested Change:</b>
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**Revision History:**  
Originated: 4/20/2010