



Policy and Procedure Amendment Recommendation Form

Submitted by _____ Date of Submittal _____

Policy Name _____ Policy Number _____

Recommendation relates to a: New Policy _____ Policy Amendment _____ Policy Deletion _____

Policy with recommended changes in tracked format submitted? Y / N

Summary of recommendation:

Justification for recommendation:

Anticipated impacts related to recommendation (include any impacts to service levels, working conditions and funding):
