

POLICY RETIREMENT FORM

PolicyName:	
PolicyNumber	
FullName:	
ResponsibleOffice:	
Email:	
Phone:	
Date:	
CheckOne:	<input type="checkbox"/> This policy is being eliminated. <input type="checkbox"/> This policy is being eliminated and its contents will now be addressed through <u>insert new policy</u>

REASON

A concise summary of why this policy is no longer needed or why it is more effectively addressed elsewhere.

APPROVALS

Name of Issuing Office Representative

Signature	Title	Date
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Name of Senior Manager in Issuing Office:

Signature	Title	Date
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Name of Leadership Team Representative:

Signature	Title	Date
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Approval of President

Signature	President	Date
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