

POLICY MANAGEMENT

Policy Number HQ01EN
Effective Date 13Dec2017

4 RESPONSIBILITIES

Recycling

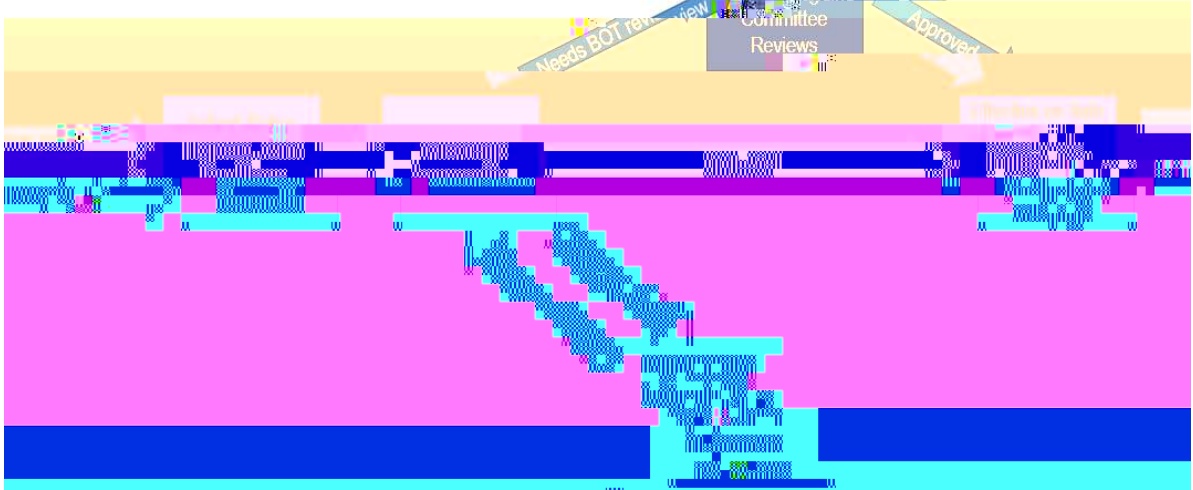
NOVEMBER

JANUARY

BOT or BOT
Standing
Committee
Reviews

Needs BOT review

Approved



POLICY PROPOSAL FORM

Full Name	
Responsible Office	
Email	
Phone	
Date	
Check One	<input type="checkbox"/> Proposal for new ALP policy (see A below) <input type="checkbox"/> Proposal to revise existing ALP policy (see B below)

(B) Proposal to revise current ALP policy:

Policy name _____

Policy number _____

1 REASON FOR POLICY REVISION AND DESIRED RESULT

Accurately summarize what the revision is meant to accomplish and why.

2 PROPOSED REVISIONS

Clearly describe the proposed changes, including new language, deletions, etc.

3 TIMELINE AND COMMUNICATION/IMPLEMENTATION PLAN

Describe steps for communicating and implementing the policy, including responsible parties.

4 ENDORSEMENTS

Names and signatures of Senior Manager and Leadership Team representatives

Name _____

Title _____

Date _____

Signature _____

Name _____

Title _____

Date _____

Signature _____

POLICY RETIREMENT FORM

Policy Name	_____
Policy Number	_____
Full Name	_____
Responsible Office	_____
Email	_____
Phone	_____