

**REQUEST FOR NEW POLICY or CHANGE TO EXISTING POLICY**

**Name(s):** \_\_\_\_\_

**If group, please include contact information for primary contact only:**

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **(eve)** \_\_\_\_\_ **email:** \_\_\_\_\_

**If change to existing policy, what is the current policy number:** \_\_\_\_\_

**Problem addressed by request (attach additional sheets if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change or addition requested (attach additional sheets if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For internal use only:**

**Date received by Superintendent**

**Date sent to WPSSC**

**Approved for Policy Development by WPSSC** \_\_\_ no \_\_\_ yes \_\_\_\_\_ **Date**

**Date of 1<sup>st</sup> Reading**

**Date of 2<sup>nd</sup> Reading**

**Policy Approved** \_\_\_ no \_\_\_ yes \_\_\_\_\_ **Date**

**If approved, Policy Number** \_\_\_\_\_