



- Policy
- Procedure

Policy/Procedure Revision Request

Please use one form for each document

No.

Current Date

REQUIRED ADOPTION DATE (if applicable)

Title

- New
 Retitle Revise
 Delete
 Scheduled Review
 Classification:
 Essential
 Encouraged
 Discretionary
 Procedure

WSSDA Policy News (*issue*) OR Requested by: _____
Signature

Reason

REDLINING AND ADMINISTRATIVE REVIEW

Received	Date Redlined	Initials	Forms/documents associated with this policy/procedure are included for review.
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Administrator's Review (if applicable):

check all that apply	<input type="checkbox"/> I agree with the recommended revisions.	Date: _____ Initials: _____	Forms/documents associated with this policy/procedure are included for review.
	<input type="checkbox"/> I am recommending additional revisions, see edits.		
	<input type="checkbox"/> Our practices are currently in alignment.		
	Comments: _____		

Cabinet Member's Review:

check all that apply	<input type="checkbox"/> I agree with the recommended revisions.	Date: _____ Initials: _____	Review of forms/docs completed Check here if you've made edits and a form/doc revision will be required.
	<input type="checkbox"/> I am recommending additional revisions, see edits.		
	<input type="checkbox"/> Our practices are currently in alignment.		
	Comments: _____		

Superintendent's Approval:

check all that apply	<input type="checkbox"/> I approve of the recommended revisions.	Date: _____ Initials: _____	Board Approval Required NO Board Approval Required Review of forms/docs completed Check here if you've made edits and a form/doc revision will be required.
	<input type="checkbox"/> I approve with additional revisions, see edits.		
	<input type="checkbox"/> Our practices are currently in alignment.		
	Comments: _____		

First Reading	Date:	No Changes	Amendments Requested
Agenda detail for file			Date: _____ Initials: _____
Second Reading	Date:	No Changes	Amendments Requested
Agenda detail for file			Date: _____ Initials: _____
Third Reading (If applicable)	Date:	No Changes	Amendments Requested
Agenda detail for file			Date: _____ Initials: _____

- Finalized in BoardDocs
 - Label
 - Update TOC
 - Notification Email
 - Policy Log
 - Retired Old
 - Forms Checked
 - Copy TOC in Binder
 - On Supt Report Yes No
 - Policy Master
 - Copies in Binder/File
 - Form Revision
 - Other Policy XRef Check
- Date
- Initials _____