

Policy Name:	
Policy Number:	
Full Name:	
Responsible Office:	
Email:	
Phone:	
Date:	

Check One:  This policy is being eliminated.  
 This policy is being eliminated and its contents will now be addressed through (insert new policy).

**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**:

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Signature	Title	Date
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Name of **Senior Manager** in Issuing Office:

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Signature	Title	Date
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Name of **Leadership Team Representative**:

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Signature	Title	Date
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Approval of **President**

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Signature	President	Date
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If applicable, approval of **Board of Trustees** (include meeting minutes, resolution, etc.)

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Signature	Title	Date
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