

Please Type Or Print in Ink

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SEANC
POLICY PLATFORM MODIFICATION FORM

District: _____

Issue or concern:

Language for amendment or proposed objective:

Need for proposed change:

ACTION:	<u>Favorable</u>	<u>Unfavorable</u>	
District Policy Platform Committee	_____	_____	_____
District meeting	_____	_____	(originator/date)
State Policy Platform Committee	_____	_____	
Annual Convention	_____	_____	_____
Comments: _____			(District Policy Platform Chair/date)

_____			(District Chair/date)

-----SEANC USE ONLY-----		<i>Foundation</i>
Statement ___ Objective ___ / Category ___ Amend ___ Delete ___ Add ___		
Estimated cost: _____	Source of estimate: _____	
Source of funding: _____	Number of employees affected: _____	
Agency responsible for implementation: _____		

IMPORTANT: One (1) completed copy must be mailed or brought to the SEANC Office within five (5) working days following the district's adoption. Mail to: SEANC Policy Platform, P.O. Drawer 27727, Raleigh NC 27611-7727. Contact SEANC for more information at 919-833-6436 locally or 1-800-222-2758.

Revised 2000