

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 Statement</i> ____ <i>Objective</i> ____ / <i>Category</i> ____ <i>Amend</i> ____ <i>Delete</i> ____ <i>Add</i> ____	
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 Central 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.

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