

**POLICY REVIEW/MODIFICATION REQUEST FORM  
CHILTON COUNTY BOARD OF EDUCATION**

**Clanton, Alabama**

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*Directions: Employees are asked to complete this form when requesting a review and/or modification of an existing policy and when suggesting the addition of a new policy. The completed form should be transmitted to the employee's immediate supervisor for transmission to the Superintendent. All requests for review/modifications and/or the addition of new policy statements will be processed in accordance with procedures outlined in the "Policy Revisal Procedure" outlined in the School System Policy Manual.*

Name of Employee: \_\_\_\_\_  
School/Work Site: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Review/Modification of an Existing Policy**

File Name of Policy: \_\_\_\_\_ Title of Policy: \_\_\_\_\_

Briefly describe your reasons for requesting the review/ modification of the policy noted above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe what modifications you are suggesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for the Addition of a New Policy**

Briefly describe your reasons for requesting the addition of a new policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the content of the new policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any positive or negative impact you feel the suggested new policy would have on the total School System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date