

HR Policy and Policy Change Request Form

Please submit this form to Human Resources to request a new HR Policy or amend an existing HR Policy. The purpose of this form is to track change requests and facilitate communication between Human Resources and the requesting party.

General/Contact Information

Please note requests for new HR Policies or HR Policy changes must be made through an Elected Official or Department Director. Please fill out the following:

<input type="checkbox"/> Elected Official	<input type="text"/>	<input type="checkbox"/> Department Director	<input type="text"/>
Date Requested:	<input type="text"/>	Point of Contact Name:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

Policy Information/Request Details

Policy Number:	<input type="text"/>	Policy Name:	<input type="text"/>
Relevant Section(s):	<input type="text"/>		

Please describe the new policy or policy change proposed and indicate the reason for the request:

Briefly describe how the new policy or policy change will impact your office, agency or department:

Briefly describe the impacts of the new policy or policy change County-wide:

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Date Received:

Passed on to DA for drafting? Yes No

If not passed on to DA, indicate why:

Date of Response of requesting party:

Summary of response to requesting party: