



### Advisory Committee Form

Date  Submitted By

AREA <i>(Please Check One)</i>	
<input type="checkbox"/> Award Recommendation	<input type="checkbox"/> Policy Introduction
<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Policy Revision
<input type="checkbox"/> Termination of Employee	<input type="checkbox"/> Other

DESCRIPTION

SUGGESTIVE ACTION

Committee Approval Signatures	Committee Disapproval Signatures

MANAGING PARTNER USE ONLY
<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur
Comments: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <hr/><hr/><hr/><hr/> </div>
Managing Partner Signature <input type="text"/> Date <input type="text"/>