



---

**BY-LAW/RULE CHANGE FORM**

Person Submitting Form: \_\_\_\_\_

Unit Affiliation: \_\_\_\_\_

Please select one: \_\_\_\_\_

Current Rule or By-Law: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fiscal Impact: \_\_\_\_\_

\_\_\_\_\_