

Policies
And
Procedures
Change
Request



Date of Request

Date: _____

Name: _____

Are you an IdahoRID member in good standing? Yes No

Is this a new policy? Yes No

If a revised policy, which number? _____

What is the estimated cost of impact? _____

What committee(s) does this affect? _____

Is there any deadline or timeline? _____

Detail of Request

Summarize your request below:

**Submit this form to
the current IdahoRID
secretary at
info@idahoRID.org
and keep a copy for
yourself**

FOR IdahoRID USE ONLY:

Date of Proposal _____ PASSED FAILED TABLED

Referred to _____