HARTNELL COMMUNITY COLLEGE DISTRICT
BOARD POLICY AND PROCEDURE
ROUTING/TRACKING FORM

Review and consideration to approve by the various governance groups is requested Yes ☐ No ☐ Courtesy Review ☐

Policy/Procedure #_____   Policy/Procedure Name_____

☐ New   ☐ Revised   ☐ Replaces existing policy/procedure:_____

New policy/procedure or revisions initiated/proposed by: _____

Reason for new policy/procedure or revisions:_____

Reviewing Group	Date Out	Forward by
Routed to Academic Senate President	_____	_____
HCFA President	_____	_____

☐   ☐   ☐

Comments:

Academic Senate   Date of Action: _____

☐ Recommend approval   ☐ Recommend approval with changes   ☐ Do not recommend approval

Comments:

CSEA   Date of Action: _____

☐ Recommend approval   ☐ Recommend approval with changes   ☐ Do not recommend approval

Comments:

L-39   Date of Action: _____

☐ Recommend approval   ☐ Recommend approval with changes   ☐ Do not recommend approval

Comments:

Revised: June 2017

_____Council   Date of Action: _____

   Recommend approval   Recommend approval with changes   Do not recommend approval

Comments:

_____Council   Date of Action: _____

   Recommend approval   Recommend approval with changes   Do not recommend approval

Comments:

_____Council   Date of Action: _____

   Recommend approval   Recommend approval with changes   Do not recommend approval

Comments:

Superintendent/President   Date of Action: _____
Executive Cabinet

   Recommend approval   Recommend approval with changes   Do not recommend approval

Comments:

          First Reading   Second Reading

Board of Trustees

Revised: June 2017