Policy Update Issuance Approval

Date of Request

Route to the Following Executives:		Kind of Issuance (Check one)
1.	5.	☐ Revised ISM
2.	6.	☐ New ☐ Revised HBK IS- _____
3.	7.	☐ New ☐ Revised Reg. 39 CFR
4.	8.	☐ New ☐ Revised Other:
Title of Policy Update *(Subject)*		Originating Group/Office
Originator Name	Telephone Number *(Include area code)*	Room Number
Contact Name	Telephone Number *(Include area code)*	Room Number

List directives rescinded and describe how issuance changes existent procedures.

If this policy update changes a manual, handbook, or other published regulation directly relating to wages, hours, or working conditions, Labor Relations clearance has been obtained.	☐ N/A ☐ Date cleared _____
If this policy update changes a manual, handbook, or other published regulation directly relating to customer or employee information, the Privacy Office has been contacted for comments	☐ N/A ☐ Date comments received _____

Changes Must be Made to:

☐ Table of Contents ☐ ISIIS ☐ Handbook Number _____

Does issuance change current forms? *(If "Yes", enter affected form numbers.)*

☐ No ☐ Yes. *(New form(s) processed through Information Policies and Procedures per ASM.)*

Concurrence/Comments

	1.	2.	3.	4.	5.	6.	7.	8.
I Concur *(Reviewer's Initials)*								
Date								
See my Comments Below *(Reviewer's Initials)*								
Date								

Comments *(Use this space, and the reverse if necessary. Do not use a routing slip. Where specific changes are suggested, attach a marked-up copy of the issuance or the affected pages.)*

		Date Clearance Completed *(Entered by originator)*
Approved by		Date Approved
Posted by Inspector in Charge, Liaison Group	Change Number	Date Posted