

Requestor Information

Name	Classification
<input type="text"/>	<input type="text"/>
Department/Agency	Division/Unit
<input type="text"/>	<input type="text"/>

Specific Policy Information

Policy Title	Policy Section Number	Revision Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary of Current Policy

Proposed Selection Policy Change

Please provide a justification to support request for policy change.
 Include the issue, gap or problem you are experiencing with the current policy and recommended solutions.
 Attach supporting documentation, if any.

Contact Information of Approving HR Officer

Personnel Officer Name	Personnel Officer Classification
<input type="text"/>	<input type="text"/>
Personnel Officer Email / Phone	Personnel Officer Signature
<input type="text"/>	<input type="text"/>

CalHR/SPB Decision to Adopt or Deny Proposed Policy Change (to be Completed by CalHR)

Policy Change Adopted: Yes No

If policy change is not adopted, include reason(s) for denial.

CalHR Selection Policy Program Approver Information

Name	Classification	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>