Please complete this form when requesting an addition, deletion, change or exception to a Tusculum College Human Resources Policy or Procedure.

**Type of Recommendation**

- Addition (a new policy or procedure)
- Deletion (a policy or procedure to be eliminated)
- Change
- Permanent Exception
- One-time exception (specific “start/stop” dates)

**Recommender**

Name: ___________________________________________________________
Location: _________________________________________________________
Title: ___________________________ Date: _______________________

**General Information** (Fill in all the blanks)

Has this request, or one similar to it, been made before? _____Yes _____No
If “Yes”, attach previous version(s)

What specific policy or procedures do you want to change?
Policy Number___________ Page Number(s)___________

What is your current practice?_____________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What is the change you are requesting? ______________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Addition, Deletion, Change or Exception

Why do you want to make the change? (Attach supporting documentation)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What is the financial impact of this request? (Consider budget, year to date performance, etc.)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Recommended effective date: ____________________________

Approvals

Recommender: _________________________________________________

Director of Personnel Services: ___________________________________

President: _____________________________________________________

Board of Trustees (if required by Policy 1.04 Additions, Deletions, Changes or Exceptions): ________________________________

Be certain to attach a typed draft of the Addition, Deletion, or Change. This is not necessary for an Exception Request. Also attach as many sheets as needed to fully explain the above.

Original to Human Resources department