



RECOMMENDATIONS FORM

Chapter

Source of Recommendation: Chapter _____ Individual ____

Benefits of Recommendation

Signature:

Position:

Recommendations Committee Action(s)

Committee Referral _____ **Date** _____

Disposition: _____ **Date:** _____

- ____ 1. Brought to the floor of the Executive Board Meeting by Committee
- ____ 2. Deadlocked. Returned to Recommendations Committee
- ____ 3. Returned to source for clarification
- ____ 4. Action tabled until next Executive Board Meeting
- ____ 5. Other, explain _____

____ **APPROVED** ____ **NOT APPROVED** **EFFECTIVE DATE** _____

COMMENTS:

Signatures: Committee Chairperson _____

Recommendations Committee Chair _____

(Complete in triplicate and return to Recommendations Committee Chairperson)