Proposed Resolution and Bylaw Amendment Submission Form

NYSSBA

RESOLVED:

RATIONALE:

SUBMITTED BY:

I, _____, ◯ Board President ◯ Superintendent ◯ Board Clerk
(Select one - no substitutions)

am submitting this resolution on behalf of _____ on _____
(District/BOCES Name) *(Date)*

Name of the designated contact person available on the day of the Resolution Committee Meeting from 9 a.m. to 5 p.m. to respond to any questions/concerns of the Resolutions Committee:

Name _____

Day Phone _____ Cell Phone _____

Resolutions should be emailed to Danielle Grasso at danielle.grasso@nyssba.org