Proposed Resolution and Bylaw Amendment Submission Form

NYSSBA

SUBMISSION INSTRUCTIONS: **This form must be emailed directly to NYSSBA Governmental Relations at advocacy@nyssba.org. Please include your district's name in the subject line of the email.**

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 9 a.m. to 5 p.m. to respond to any questions/concerns of the Resolutions Committee:

Name _____ Board Position _____

Phone Number _____ Email Address _____