



PROPOSED REVISION TO THE PROCEDURES MANUAL

TO: _____, P.E., Chief Technical Officer (CTO)

FROM: _____

CHAPTER/SECTION TO REVISE: _____

REASON FOR REVISION (Include a copy of page(s) proposed to be changed. Revisions must be marked in red)

STOP!!! DO NOT WRITE BELOW THIS LINE

SUBMIT FORM—REQUESTER WILL BE NOTIFIED OF EPWU DECISION

OPTION 1

Revision approved at CTO level (no committee meeting required). Signature indicates approval.

Signature: _____
Chief Technical Officer

Date: _____

OPTION 2

CTO recommends review by committee.

Committee Meeting Date: _____

Approval: YES NO

Signature: _____
Chief Technical Officer