

Resolution Form

- Policy Resolution Policy # _____
- Position Statement Resolution Topic _____
- Business Resolution

✓ The CB&R Committee will be meeting following the January deadline. In the event that the committee requires clarification, please provide a contact name and phone number.

Contact Name _____ Phone # _____

Whereas _____

Whereas _____

Be it Resolved That _____

MUST HAVE TWO SIGNATURES TO BE CONSIDERED

Submitted by _____ (Signature of person and Local # or SUN Nurse ID #) Print Name

Seconded by _____ (Signature of person and Local # or SUN Nurse ID #) Print Name

Submitted on behalf of (if applicable)

Board of Directors

Committee Committee Name _____