## Resolution Form

☐ Policy Resolution		Policy #	
☐ Position Statemer	nt Resolution	Topic	
☐ Business Resoluti	ion		
committee requires cl		the week following the January rovide a contact name and pho Phone #	ne number.
Whereas			
Whereas			
MUST HAVE TWO SIGN	ATURES TO BE C	ONSIDERED	
Submitted by			
-	(Signature of person a	nd Local #)	Print Name
Seconded by	(Signature of person a		
		nd Local #)	Print Name
Submitted on behalf of (if	applicable)		
☐ Board of Directors			
Committee			
SUN Network Council	Network Name		
Local			