

Suburban Essex Area Service Committee

New Motion Form

Today's Date: _____

Motion # _____
(m m d d y y - # #)

Motion Maker: _____

Second By: _____

Type of Motion: (Check One)

Business: _____ Policy: _____

We suggest Policy Motions be reviewed by the Policy Subcommittee for completeness or conflict with existing Policy. Has this motion been reviewed? Yes _____ No _____

MAIN MOTION:

INTENT OF MOTION:

FINANCIAL IMPACT: _____

Remainder of form is to be filled out by the Area Secretary and Chairperson

Discussion: _____ 2 Pros: _____ 2 Cons: _____

Sub-Motions: _____

Motion Resolution:

Date: _____ Passed: _____ Failed: _____

Action: _____ Yes: _____ No: _____ Abstain: _____

Date: _____ Passed: _____ Failed: _____

Action: _____ Yes: _____ No: _____ Abstain: _____

Date: _____ Passed: _____ Failed: _____

Action: _____ Yes: _____ No: _____ Abstain: _____