

HR Policy Change Request Form

Name	<input type="text"/>		
Department	<input type="text"/>		
Email	<input type="text"/>		
Date	<input type="text"/>		
Policy to Change	<input type="text"/>	Current Policy Description	<input type="text"/>
Requested Change	<input type="text"/>	Reason for Change	<input type="text"/>
		Potential	
Impact	<input type="text"/>	Urgency	<input type="text"/>