

**YOUTH SERVICES  
POLICY DEVELOPMENT, REVISION AND ANNUAL REVIEW**

Check the topic that applies:

**New Policy**     **Policy Revision**     **Annual Policy Review**

Policy Number: \_\_\_\_\_ (if new policy, leave blank)

Policy Title: \_\_\_\_\_

Last Policy Revision Date: \_\_\_\_\_ (if applicable)

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

**UNIT HEAD REVIEW**

Date received: \_\_\_\_\_

To be completed by appropriate Central Office personnel.

**Approve**  
 **Disapprove**

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPUTY SECRETARY/CHIEF OF OPERATIONS' REVIEW**

Date received: \_\_\_\_\_

**Approve**  
 **Disapprove**

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_