

A.2 DOCUMENT CHANGE CONTROL FORM

Pacific Swimming Document Change Form

Title of Change: _____ Doc. Change No.

Type of Change _____ New _____ Revised _____ Archive
(check applicable)

Does Change affect other Documents: _____ No _____ Yes

If Yes: List other Document _____

Are changes to other Document to be made: _____ Concurrent _____ Consecutive

Doc Change No. of affected document _____

Information of Change

Motion Proposing Change:

Title: _____

Motion No. _____ Motion Date _____

Rationale for Change _____

Date Motion Passed _____ BOD _____ HOD (If reqd.) _____
(Attach meeting minutes)

Effective Date of Implementation _____

Governance Document Changed _____ By-Law _____ Policy & Procedure _____ Rules & Reg.
(check applicable Document)

Location of Change _____

Wording Change _____

Governance Committee Approval: _____ Date: _____
(attach copy of Gov. Comm. Minutes)

Motion Originator Approval: _____ Date: _____

For By-Law Change:	
Request of Change sent to USA-S, Chair of Rules & Reg Committee <i>(attach copy of Request letter)</i>	Date: _____
Response from USA-S Rules & Reg. Chair <i>(attach copy of Request letter)</i>	Outcome _____ Date _____

Document Change Made: Date _____ Resp. Person _____

Removal of old version: Date _____ Resp. Person _____

Notification of Change posted on website Date _____ Resp. Person _____

Version: 7/14/16

(Note: This document's version corresponds to the date of the last BOD/HOD meeting for which all modifications approved at that meeting, and all prior meetings, have been incorporated into this document.)