PLEASE TYPE OR PRINT IN INK

SEANC POLICY PLATFORM MODIFICATION FORM

District: Click or tap here to enter text.

Issue or Concern: Click or tap here to enter text.

Language for amendment or proposed objective: Click or tap here to enter text.

Need for proposed change: Click or tap here to enter text.

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| ACTION: Originator / Date: Click or tap here to enter text.  Favorable Unfavorable  District Policy Platform Committee   Click or tap here to enter text.  (District Policy Platform Chair Signature / Date)  District Annual Meeting   Click or tap here to enter text.  (District Chair Signature / Date)  State Policy Platform Committee   Click or tap here to enter text.  (State Policy Platform Chair / Date)  Annual Convention  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ---------------------SEANC USE ONLY---------------------  Foundation Statement  Objective  Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Amended  Deleted  Added as PP Objective  Estimated Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source of Estimate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source of Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Employees affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency responsible for implementation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

IMPORTANT: One (1) completed copy must be mailed, emailed or brought to the SEANC Central Office within five (5) business days following the District’s adoption at the Annual Meeting. Mail to: SEANC Policy Platform, 1621 Midtown Place, Raleigh, NC 27609 or Email to: [govrelations@seanc.org](mailto:govrelations@seanc.org) or deliver to: SEANC Central Office, 1621 Midtown Place, Raleigh, NC 27609. Contact the SEANC Office, Government Relations Department for more information at 919-833-6436 locally or 1-800-222-2758



Revised 2025



Instructions for

SEANC POLICY PLATFORM FORM

DISTRICT

District #: Fill in district number.

Issue or concern: Use short descriptive title of the subject being addressed.

Language

Language for

proposed objective: State the policy or objective as you would have it written in the Policy Platform.

Need for proposed

change: Describe the present situation and why change is needed.

Originator: The name is helpful for future reference. This is not required.

Signatures: Signatures of both the District Chair and the District Policy Platform Chairs are required.

Action: Indicate the action taken at the district meeting(s).

Signatures: Electronic signatures are acceptable.

Forwarding: One (1) completed copy must be mailed, emailed or brought to the SEANC Central Office within five (5) business days following the District’s adoption at the Annual Meeting. Mail to: SEANC Policy Platform, 1621 Midtown Place, Raleigh, NC 27609 or Email to: Email to: [govrelations@seanc.org](mailto:govrelations@seanc.org) or deliver to: SEANC Central Office, 1621 Midtown Place, Raleigh, NC 27609. Contact the SEANC Office, Operations Department for more information at 919-833-6436 locally or 1-800-222-2758

SEANC OFFICE

Foundation statement,

objective: Indicate by checking whether the proposed change deals with a foundation statement or objective.

Category: Use one of the categories listed below; refer to the Policy Platform.

Amended, Deleted

Or Added: Indicate by checking whether the proposed change will amend or delete an existing statement or objective, or will add a new statement or objective.

Estimated cost: Efforts should be made to estimate the cost, if any, of the requested action.

Source of estimate: Indicate where estimate was obtained.

Source of funding: Indicate where the funds should come from; for example, agency receipts, appropriation, employee.

Number of employees

affected: Estimate the number of employees involved.

Agency responsible for

implementation: Indicate who has the authority to effect proposed change.

POLICY PLATFORM CATEGORIES

Salary: Across-the-board increases, merit, longevity, disability salary continuation

Personnel: Classifications, employee relations, promotional policies, staff levels, leave policies

Retirement: Formula, equality of benefits, death benefit, survivors’ alternate benefit

Health Care: Coverage, dental insurance, quality of service

External/Other: Travel expenses, physical facilities

Internal issues: Operating policies and procedures, SEANC studies, membership benefits