

**Department of Behavioral Health  
Policy Management Unit  
Policy, Procedure and Form Deletion Request  
Standard Practice Manual**

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Form Number:** \_\_\_\_\_

**PROGRAM AFFECTED**

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Adults                 | <input type="checkbox"/> Clerical            | <input type="checkbox"/> Business Operations | <input type="checkbox"/> Training |
| <input type="checkbox"/> Alcohol & Drug         | <input type="checkbox"/> Clinical Practice   | <input type="checkbox"/> Human Resources     | <input type="checkbox"/> All      |
| <input type="checkbox"/> Children's             | <input type="checkbox"/> Compliance          | <input type="checkbox"/> IT                  | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Older Adult            | <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Quality Management  |                                   |
| <input type="checkbox"/> Transitional Age Youth | <input type="checkbox"/> Medical Services    | <input type="checkbox"/> Safety              |                                   |

**TYPE OF DELETION**

- Policy                       Procedure                       Form

FOR PMU USE ONLY

**Project Assigned To:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Reviewed By:**     PM's             Admin             HR             Other

**Approval Date:** \_\_\_\_\_