RETURN FORM

To: Mr. Ronald Yago Ibarlin

 HRDM Director

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature above Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unit/Office)

Re: PROPOSED AMENDMENT/S FOR THE 2013 BED FACULTY MANUAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section | Number and Heading Title | Present Provision | Suggested Provision | Rationale  |
|  |  |  |  |  |

NOTE: Please fill out in typewritten/computerized form.