

**Form to Request Changes in the Kansas FCCLA Procedure Manual**

Please return to the State FCCLA Office:  
900 SW Jackson – Suite 653  
Topeka, KS 66612-1182  
[plamb@ksde.org](mailto:plamb@ksde.org)

This change request will be addressed at the next scheduled  
State Executive and Advisory Council and State Board Meetings.

Person and Chapter Requesting Change: \_\_\_\_\_  
School Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Section and Page of Change: \_\_\_\_\_

Policy Subject: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem with Current Policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestion for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Policy Item Discussed:** \_\_\_\_\_

**Executive and Advisory Council President Signature**  
*Report of Action Taken:*  
Executive and Advisory Council: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Policy Item Discussed:** \_\_\_\_\_

**State Board President Signature**  
*Report of Action Taken:*  
State Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_