



**Section 3: Local Equivalent Form Information** (to be completed by district)

Proposed LE Form Number (must include State Form # & "LE")

Revision Date (must match state form)

Proposed Date of Implementation (DOI)

Proposed LE Title/Name

Why is a local equivalent needed?

Please explain how the proposed local equivalent will better meet the district's needs.

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**Section 4: Bureau/Program Response** (to be complete by document coordinator)

Bureau/Program

Date of Approval/Denial

Document Coordinator

Email

**Approved**

**Denied**

Reason for denial.