

PROPOSED RESOLUTION _____

Delegate Assembly : Adopted ____ Not Adopted ____ Referred to: _____

HSTA-R Board of Directors: Supports ____ Opposes ____ No Recommendation ____
Not Reviewed ____

District Caucus: Supports ____ Opposes ____

1. CHECK ONE: ____ New
____ Amendment to existing policy, page ____ in HSTA-R Digest of
Policy Statements and New Business Items

TITLE:

The Hawaii State Teachers Association-Retired (HSTA-R)

Rationale:

Estimated cost to HSTA-R and basis or source of estimate:

Submitted by:

Name of author/district: _____

Residence telephone number: _____

Address: _____

Signature of author: _____