



# Request to Repeal a Policy Form

**Instructions:** Submit this form to request the repeal of a Florida Department of Juvenile Justice Policy. The form should be submitted to the Policy Coordinator following review and approval from the General Counsel’s Office, and notify the Executive Leadership Team. Please refer to FDJJ 1000 Policy Development and Review for more information.

Policy Number	
Policy Subject/Title	
Originating Office	
Executive Leadership Team Member	
Authority (Florida Statute, F.A.C., etc.)	
Related References	
Policy Purpose	
Offices Affected by the Policy	

**Proposed Action:**

Repeal FDJJ Policy \_\_\_\_\_ (Number and Subject/Title)

**Reason for Proposed Action:**

\_\_\_\_\_  
\_\_\_\_\_

**Financial Impact:**

\_\_\_\_\_  
\_\_\_\_\_

Reviewed and Approved by General Counsel? Yes  No

If yes, approved by: \_\_\_\_\_ Date\*: \_\_\_\_\_

Reviewed and Approved by the Executive Leadership Team? Yes  No

If yes, enter the date\*: \_\_\_\_\_

Requestor’s Name: _____	Requestor’s Telephone Number: _____
Program Area/Office: Choose an item.	Requestor’s Email: _____
Request Date: _____	

**Internal Use**

Policy Coordinator:

Date Received:

Date Repealed: