## Health PEI

# Santé Î.-P.-É.

### **Policy Document Rescind Form**

To rescind a policy document on the Policy Document Management System (PDMS):

- Complete this form and return the original signed copy to the Health PEI Policy Office, 2<sup>nd</sup> Floor Garfield Street.
- If the request is time sensitive, a signed scanned copy can be emailed to the <u>Health PEI Policy</u> <u>account</u> and then send the signed original copy via interoffice mail.
- The Health PEI Policy Office will remove the policy document from the PDMS upon receipt of the completed form.
- Policy owners are responsible to communicate the rescinding of a policy(s) to all affected users.

#### Title of Policy Document (as it appears on the PDMS):

#### **Rationale for Rescinding Policy Document:**

 Include any title(s) of replacement policies (e.g., organization-wide/corporate or program policies that now cover the policy content)

#### Person Requesting to Rescind Policy Document:

|  | Requestor's Title (Print)  |   |
|--|--|---|
| Requestor's Name (Print)   | Signature  | Date  |
| Approving Authority of Policy Docur  | ment Being Rescinded:  |   |
|  | Approving Authority's Title (  | (Print)   |
| Approving Authority's Name (Print)   | Signature  | Date  |
| since the PDMS website was established<br>supporting policy records are the respon | <ul> <li>The retention of policy documns bility of the policy owner(s).</li> </ul> | f policy documents stored in our records<br>ent(s) prior to the PDMS website and <i>all</i><br>Contact the <u>Health PEI Policy Office</u> for<br><u>M</u> Department for information on record |
| For Health PEI Policy Use Only   |  |   |

Date Policy Removed

Removed by