



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, 1st Floor Garfield Street.
- If the request is time sensitive, a signed scanned copy can be emailed to the <u>Health PEI Policy</u> account 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)

Requestor's Title (Print)		
Requestor's Name (Print)	Signature	Date
Approving Authority of Policy Docu	ment Being Rescinded:	
	Approving Authority's Title (Pr	int)
pproving Authority's Name (Print)	Signature	Date
Please note that the Health PEI Policy O since the PDMS website was established supporting policy records are the respondicy questions or the Health PEI Records	d. The retention of policy documen nsibility of the policy owner(s). Cor	t(s) prior to the PDMS website and all