

**HHHOA RECOMMENDATION AND TRACKING FORM**

**See reverse side for instructions**

**Number/year**  
**No:** \_\_\_\_\_ / \_\_\_\_\_

**Date:** \_\_\_\_\_

**Originator: Resident:** \_\_ **Committee** \_\_\_\_\_ **Task Group:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Proposed Recommendation** – Include all pertinent information. Attach additional documentation.

**Originator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Board Policy and Administration Committee**

**Date Reviewed:** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

**Comments:**

**Chair/Representative Signature:** \_\_\_\_\_

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**Board of Directors**

**Date Reviewed:** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

**Comments:**

**Board of Directors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_