POLICY CHANGE REC BUREAU OF DETECTIVES CHICAGO POLICE DEPARTMEN		ANALYSI AS	SIGNED	IGNED		DATE ASSIGNED		TASK NUMBER	
TITLE OF TASK									
RIGINATED BY (NAME)			UNIT NAME OF ORIGINATOR				BUREAU O	BUREAU OF ORIGINATOR	
DESCRIPTION (WHY WAS THIS TASK O	ISSUES?)								
NITIAL APPROACH/METHODOLOGY									
ANALYST'S SIGNATURE STAR	R/EMPL. NO.	. DATE	APP	ROVED B	Y - SUPERVIS	OR S	TAR/EMPL. NO	DATE	
CALEA STANDARDS SECTION									
CALEA STANDARD RELATED? RELATE YES NO	D CALEA S	TANDARD(S)						CALEA TASK NO.	
CALEA ANALYST ASSIGNED	AF	PPROVED BY-	CALEA SUP	ERVISOR	2	STAR/EMP	PL. NO.	DATE	
CLOSING SUMMARY									
DIRECTIVE (S) PUBLISHED DIRECTIVE NAME:			ASSOCIATE	D TASKS					
DIRECTIVE NO.: DATE:					ASSOCIATED FORMS				
DIRECTIVE NAME: DATE:				Ш					
	CTIVE NAME: DATE:				ADMINISTRATIVELY CLOSED				
DIRECTIVE NO.:			☐ INACTIVITY ☐ NO LONGER REQUIRED						
MESSAGE NO.:			OTHER TASK TASK NO.:						
DATE/TIME:		ш	ANALYST NOTIFIED THE COMMANDING OFFICER OF THE POLICY & PROCEDURES SECTION OF TRAINING REQUIREMENTS.						
DIRECTIVE (S) RESCINDED and DIRECTIVE NAME:			ANALYST VERIFIED THE DIRECTIVE IS CORRECTLY UPLOADED INTO THE DEPARTMENT DIRECTIVES SYSTEM.						
	DIRECTIVE NO.: DATE:				ANALYST VERIFIED THE ACCURACY OF THE DEPARTMENT DIRECTIVES SYSTEM INDEX.				
DIRECTIVE NAME:		_	☐ OTHER:						
DIRECTIVE NAME:									
DIRECTIVE NO.:									
SIGNATURE - ANALYST	DATE		DATE ASSIG	NED	DATE (DATE COMPLETED			
APPROVED BY - SUPERVISOR STA	I R/EMPL. NO	D. DATE		APPROV	L /ED BY	STAF	R/EMPL. NO.	DATE	