

FY24 MIIA Rewards Policy Update/Review Form



Municipality: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____

Policy Name (please attach): _____

Update Date: _____

Describe change and why it was made:

How was updated policy communicated to employees (email, etc.):

When: _____ By Whom : _____

OR
 Reviewed (check) Reviewed by _____

Department Head sign off: _____ Date: _____

Selectmen signed off: _____ Date: _____

July 14, 2023

