

The Responsible Office must complete this form, including all approvals and recommendations, while undergoing policy development, revision or recission.

POLICY DOCUMENT DETAILS

Policy Document Title(s):			
Responsible Office:		Policy Sponsor:	
Contact Person:		Phone:	
		Email:	
		Date:	
Type of Policy Action:	<input type="checkbox"/> New Policy Document Development <input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Revision to Existing Policy Document <input type="checkbox"/> Comprehensive <input type="checkbox"/> Minor¹ <input type="checkbox"/> Recission of Existing Policy Document <input type="checkbox"/> Periodic Review of Existing Policy Document Revision Required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> Comprehensive or <input type="checkbox"/> Minor		

POLICY DOCUMENT ACTION PROPOSAL
POLICY ACTION RATIONALE

- Briefly describe the reason(s), events, or conditions that give rise to the need for this policy action.
- Identify the anticipated benefits of implementing this policy action and the implications of not implementing this policy action.

¹ Is this a minor revision? Defined as: A change to a policy document which does not affect the policy document's rules, principles or intent, which changes would normally include position or department title changes, typographical errors such as punctuation or spelling, adding references to new Procedures or supporting documents, etc., but which may include other changes that serve to clarify perceived ambiguity in a policy document.

OVERVIEW OF POLICY CONTENT

- Summarize the policy elements.

IMPACT ON THE UNIVERSITY

- State the anticipated impact this policy action will have on the University, focusing on specific operational activities, and areas.

RESOURCE REQUIREMENTS

- Identify resources (e.g. human, financial, physical, operational, technological) needed to implement and maintain compliance with this policy action and whether or not current resources are sufficient to accommodate this policy action. If not, indicate any investment required.

ASSOCIATED POLICIES OR OTHER DOCUMENTS

- Indicate whether or not any other policies or documents will be impacted by this policy action.

CONSULTATION PLAN

- List key persons and groups that may be affected by this policy action, including students, faculty, staff, programs, etc.

ANTICIPATED TIMELINE

- Indicate the anticipated timing or completion date for each of the listed policy actions.
- For a minor change or where no revision is required on a periodic review, please indicate 'N/A' where appropriate.

Action	Date
Direct Consultation with Policy Constituents	
Online Consultation (if required)	
Process Approval	
Recommendation to Proceed to Final Approval	
Recommendation for Approval	
Approval of Policy Document	
Effective Date	

PROPOSAL APPROVAL

<input type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED	
COMMENTS:			
Policy Sponsor		Date	

RECOMMENDATION TO PROCEED

<input type="checkbox"/> RECOMMENDED TO PROCEED		<input type="checkbox"/> NOT RECOMMENDED TO PROCEED	
COMMENTS:			
Office of General Counsel		Date	

POLICY DOCUMENT ACTION PROCESS

CONSULTATION TRACKING

- *List persons and groups consulted on the policy action, including the outcome of the consultation*

Policy Constituent	Date	Outcome of Consultation

COMPLIANCE MECHANISMS EXISTING OR TO BE CREATED

COMMUNICATION AND TRAINING PLAN

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PROCESS APPROVAL

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
COMMENTS:	
Policy Sponsor	Date

RECOMMENDATION TO PROCEED TO FINAL APPROVAL

<input type="checkbox"/> RECOMMENDED TO PROCEED	<input type="checkbox"/> NOT RECOMMENDED TO PROCEED
COMMENTS:	
Office of General Counsel	Date