

**POLICY TEMPLATE***Responsible Office
Policy Name (note if interim policy)*

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| **Policy Timeline**  |

Initial Effective Date:
Frequency of Review:

[ ] Semiannually (twice per year)

[ ] Annually

[ ] Biennially (every two years)

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Revised:

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| **Policy Overview** |

Provide a brief, general descriptive paragraph to overview the policy.

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| **Applies to:** (examples—Faculty, Staff, Students, etc) |

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| **Table of Contents:** (optional; suggested for policies > 8-10 pages) |

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| **Definitions:** (optional; suggested for terms that have specialized meaning in the policy) |

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| **Term** | **Definition** |
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| **Policy Details** |

1. Example level 1
	1. Example level 2
		1. Example level 3

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| **Procedures**  |

1. Example level 1
	1. Example level 2
		1. Example level 3

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| **Responsibilities** |

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| **Position/Office/Department** | **Responsibility** |
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| Resources (required for any resource referred to in the policy) |

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| Policy Contacts |

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| **Name** | **Contact Information** |
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| **POLICY APPROVALS****POC:** [ ]  **Approved as to Form** [ ]  **Not Approved**POC Chair Signature:Date: ­­­**Policy Sponsor:** [ ]  **Approved** [ ]  **Not Approved**Signature:Date:**President:** [ ]  **Approved** [ ]  **Not Approved**Signature:Date: ­­­**Board of Trustees:** [ ]  **Approved** [ ]  **Not Approved** [ ]  **Not Applicable**Chair Signature: Date: ­­­ |