Text

Description automatically generated

**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: ­­­ |