EAST STROUDSBURG UNIVERSITY POLICY ADMINISTRATION **APPROVAL ROUTING FORM**	Questions, Contact: **Miguel Barbosa** or **Jessica Diaz** mbarbosa@esu.edu jdiaz@esu.edu **570-422-3545** **570-422-3545**

This form is to be used when: (*check only one box*)

☐ Proposing a <u>new</u> administrative policy

☐ Recommending a <u>major change</u> to an administrative policy, procedure, or other key document

☐ Completing a <u>comprehensive review</u> of an administrative policy (*be sure to answer question #11*)

☐ Requesting an <u>amendment</u> to an administrative policy

☐ <u>Repealing</u> an administrative policy

The policy owner must attach the original policy, if applicable, along with the policy template and procedure template, if applicable, to the signed approval routing form and forward to the Policy Administration Office.

Policy Title:		Old Policy No.: (if applicable)	
Responsible Policy Author:		**New Policy No.:**	
Responsible Policy Department:		**Phone No. :**	

1. Policy Status

New Policy ☐　　　　Current Policy ☐　　　　Interim Policy ☐ (*Emergency Use Only*)

2. Are there Procedures associated with the Policy?

Yes ☐　　　　No ☐

Note: Procedures are posted to web page and linked to policy prior to public review/comment

3. Confirm that this policy is needed

Yes ☐　　　　　　　　No, I/we request the Policy be Repealed ☐

Please provide a brief statement why the policy is being repealed:

4. Specify why the policy is still needed/desired (minimizes institutional risk, directs behaviors, promotes consistency, etc.)

5. Provide a summary of the key policy or associated document changes.

6. Why is an amendment being proposed? Include any external or internal triggering events, such as a change in federal regulations, addressing a new risk, etc.

7. Are there other existing administrative policies that overlap or are closely related to this policy? If yes, which one or ones.

Yes ☐ No ☐	If yes, list Policy title(s):

8. Please quantify the impact of the changes made to the policy or procedures.

Cost to develop and implement	
Ongoing costs	
Audience directly impacted	
Number of employees/students/or others	
Processing time at the individual or unit level	
Other (please describe)	

9. If this is a new policy or revisions are significant, outline the communication plan to inform affected stakeholders about this new or revised policy/procedure(s).

10. Check those items below where you have confirmed that the policy revision is in alignment with:

Board of Governors Policies ☐	Federal and state laws ☐	Other _____

11. Frequency of Comprehensive Review:

5 year ☐   Special (term) ☐   Frequency: _____

12. Is this an Affiliate Policy?

Yes ☐   No ☐   If yes, what Affiliate: _____

13. Additional information and/or comments:

14. This policy was reviewed by: (list committees, departments, organizations, etc.)

AUTHOR _____   DATE: _____

DIRECTOR/DEAN_____   DATE:_____

VICE PRESIDENT_____ _____   DATE:_____

COUNCIL OF TRUSTEES_____   DATE:_____

PRESIDENT _____   DATE:_____

POLICY ADVISORY COMMITTEE ☐   DATE:_____

LEGAL REVIEW   ☐   DATE:_____

PRESIDENT'S COUNCIL   ☐   DATE:_____

POLICY ADMINISTRATION   ☐   DATE:_____