EAST STROUDSBURG UNIVERSITY POLICY ADMINISTRATION **APPROVAL ROUTING FORM**	Questions, Contact: Miguel Barbosa or Michelle Keiper mbarbosa@esu.edu mkeiper@esu.edu 570-422-3545 570-422-3544

This form is to be used when:

a) **Proposing a new administrative policy**
b) **Responding to a comprehensive review of an existing administrative policy**
c) **Proposing a major change to an existing administrative policy, procedure or other key document**
d) **Repealing a policy**

The policy owner must attach the original policy along with the revised draft to the approval routing form and forward to their divisional point of contact for processing.

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: Please ensure that the associated procedures to this policy are accurate and posted to the department's webpage.

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Yes ☐ No, I/we request the Policy be Repealed ☐

Please provide a brief statement why the policy is being repealed: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 a change 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 new or revised 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 that will be used to inform affected stakeholders about this 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:_____

LEGAL REVIEW _____ DATE:_____

POLICY ADVISORY COMMITTEE _____ DATE:_____

PRESIDENT'S COUNCIL _____ DATE:_____

COUNCIL OF TRUSTEES_____ DATE:_____

POLICY ADMINISTRATION _____ DATE:_____

For Policy Administration Use Only

Received: _____ Policy Posted for Public Review: _____ Policy Removed : _____

Official Live Policy Date: _____ PC Approved:_____ COT Adopted: _____

2 Yr. Procedure Review Date: _____5 Yr. Policy Review Date: _____ Repeal Date:_____