

**EAST STROUDSBURG UNIVERSITY
POLICY ADMINISTRATION
APPROVAL ROUTING FORM**

Questions, Contact:
Miguel Barbosa or Michelle Keiper
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570-422-3545 570-422-3544

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

- Proposing a new administrative policy
- Recommending a major change to an administrative policy, procedure, or other key document
- Completing a comprehensive review of an administrative policy *(be sure to answer question #11)*
- Requesting an amendment to an administrative policy
- Repealing 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Yes No, I/we request the Policy be Repealed

Please provide a brief statement why the policy is being repealed: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