**EAST STROUDSBURG UNIVERSITY**

**Questions, Contact:**

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**POLICY ADMINISTRATION**

**APPROVAL ROUTING FORM**

**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:  page #’s  for multiple page forms  The University of Minnesota is an equal opportunity educator & employer.  © |  | 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* | | | |

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| --- |
| 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| Yes  No, I/we request the Policy be Repealed  Please provide a brief statement why the policy is being repealed: |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. |

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| 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 thepolicy or procedures. | | | | |
| Cost to develop and implement | |  | | |
| Ongoing costs | |  | | |
| Audience directly impacted | |  | | |
| Number of employees/students/or others impacted | |  | | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_**