

EAST STROUDSBURG UNIVERSITY
POLICY ADMINISTRATION
APPROVAL ROUTING FORM

Questions, Contact:
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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 <input type="checkbox"/> Current Policy <input type="checkbox"/> Interim Policy <input type="checkbox"/> (<i>Emergency Use Only</i>)			
2. Are there Procedures associated with the Policy?			
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Note: Procedures are posted to web page and linked to policy prior to public review/comment</i>			
3. Confirm that this policy is needed			
Yes <input type="checkbox"/> No, I/we request the Policy be Repealed <input type="checkbox"/> Please provide a brief statement why the policy is being repealed:			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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	Federal and state laws <input type="checkbox"/>	Other _____
11. Frequency of Comprehensive Review:		
5 year <input type="checkbox"/>	Special (term) <input type="checkbox"/>	Frequency: _____
12. Is this an Affiliate Policy?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	DATE: _____
LEGAL REVIEW <input type="checkbox"/>	DATE: _____
PRESIDENT'S COUNCIL <input type="checkbox"/>	DATE: _____
POLICY ADMINISTRATION <input type="checkbox"/>	DATE: _____