*This form should be completed prior to initiating the development of a new policy or the revision or rescission of an existing policy (“policy action”). Please consult the* [*Policy on Policies*](https://policy.uncg.edu/university_policies/policy-on-policies/) *and the* [*Policy Development Guidelines*](https://policy.uncg.edu/university_policies/policy-on-policies/policy-development-and-review-guidelines/) *for additional information. Please email* *policy@uncg.edu* *with questions.*

|  |  |
| --- | --- |
| **Policy Name:** |  |
| **Action Requested:**  | *Select One** New Policy
* Revision to Existing Policy
* Rescission of Existing Policy
 |
| **Responsible Administrator/Unit:** |  |
| **Responsible Executive:** |  |
| **Date Submitted:** |  |
| **Desired Effective Date:** |  |
| *If there are legal requirements, strategic priorities, or other factors that impose time constraints on the issuance of this policy, please explain.* |

# Step One: Initial Action

Complete sections 1-3 and submit it to the Policy Administrator before drafting the policy.

## **Assessment of Need**

### Reason for Request

*Address the following points, as applicable:*

* *Explain why the proposed action is requested.*
* *Indicate if a change in local/state/federal/system law or regulation has prompted this action.*
* *State what legal, regulatory, financial, operational, accreditation, technological, and/or social requirements this policy action addresses.*
* *Identify what advantages this policy action will bring to the university.*
* *Identify what risks this policy action helps control.*

### Requests to Rescind an Existing Policy

*Complete this section if the requested policy action is rescission of an existing policy. For all other requests, write “N/A” in this section.*

* *Explain the risks addressed by the current policy. Explain how those risks will be managed after the policy is rescinded.*
* *If the content of the policy will be posted online as a guideline, procedure or other guidance document, please attach or include a URL for the document.*
* *Describe how and to whom the rescission will be communicated.*

### Requests to Develop New or Revised Policies

*Complete this section if the requested policy action is to create a new policy or to revise an existing policy. For all other requests, write (“N/A”) in this section. Address the following points, as applicable:*

* *Write 2-5 sentences summarizing the principles of the proposed policy/policy revision and briefly outline the procedures to be used to implement it.*
* *State clearly the problem this policy is targeting. At a high level, but precisely, state the way(s) this policy will solve this problem.*
* *Outline (some of) the procedures this policy requires of the university community that will deliver this solution.*
* *You may want to indicate, generally, the scope of the policy, e.g., what operational activities of the university will be affected, and what related areas will not be affected.*

## **Impact Assessment**

### Stakeholders

* *What categories of individuals (e.g., students, staff, faculty, etc.) will be most affected by the policy action?*
* *What other units, if any, will be affected by the policy action?*
* *Academic Affairs*
* *Athletics*
* *Business Affairs*
* *General Counsel*
* *Human Resources*
* *Information Technology Services*
* *Public Safety*
* *Research*
* *Student Affairs*
* *University Advancement*
* *University Communications*
* *Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

### Systems and Processes

* *What changes in existing systems and/or processes should take place in order to ensure compliance with this request, if granted? Consider your area and those of stakeholders impacted by the proposed policy action.*

### Resources

* *What resources (human, financial, physical, operational, technological, and other) might be needed to implement and maintain compliance with this policy action? For a request to rescind an existing policy, explain the impact the proposed action may have on existing resources, if granted.*
* *Identify what change, if any, to UNCG's culture and/or behaviors may be needed to ensure compliance.*
* *If the request is to rescind a policy, how will existing resources be impacted by the rescission?*

## **Drafting Plan**

### Drafting Group

* *List the individuals who will or have been involved in the development of this policy along with their unit and title*.
* *For requests to rescind an existing policy, identify individuals who will or have been consulted and provided an opportunity to share feedback on the request*.

### Benchmarking

* *List other institutions whose policies that may be used as models in the development of this new or revised policy. Include URLs if available.*
* *For requests to rescind an existing policy, please provide benchmarking information highlighting the approach taken by other institutions relevant to the policy topic. Include URLs if available.*

### Review and Approval of Policy Action Request

* *The Policy Administrator and Policy Advisory Group will review the request and may provide feedback on the proposed policy action in this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/VC** | **Date Submitted** | **Approval** | **Date Reviewed** |
| Policy Administrator |  | * Approved
* Not Approved
* See recommendations
 |  |
| Policy Advisory Group (“PAG”) |  | * Approved
* Not Approved
* See recommendations
 |  |

# Step Two: Final Action

*Please complete section 4 and forward this form with the policy/policy revision. For requests to rescind a policy, please complete section 4.2.*

## **Implementation**

### Reviewers

* *List the names and functions or title of each unit and/or individual who provided feedback on the proposed draft.*

### Communication and Training

* *Describe the communications and training activities that will be conducted to build awareness and support implementation.*
* *Indicate whether there are federal, state, local or other requirements for training related to this policy.*

### Compliance

1. ***Regulatory Compliance.*** *Is there a state, federal, or UNC system compliance obligation associated with this policy? If so, list the regulatory body (OSHA, EPA, etc.) and the name of the law or regulation.*
2. ***Procedures.*** *Are there procedures associated specifically with compliance? If so, list them or provide an online reference.*
3. ***Reporting Requirements.*** *Are there reporting requirements to government agencies or the UNC system? If so, at what frequency?*
4. ***Audits.*** *Are there external audits? Does internal audit need to audit against this policy? At what frequency? What costs are associated with the audits?*
5. ***Risks.*** *What are the institutional risks of noncompliance? What are the consequences for an individual who does not follow this policy?*

## **Final Review and Approval of Policy Action**

*The Policy Administrator will forward the draft and this form through the approval process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/VC** | **Date Submitted** | **Approval** | **Reviewer’s Signature and Date Reviewed** |
| Policy Owner |  | * Approved
* Not Approved
* See recommendations
 |  |
| Policy Administrator |  | * Approved
* Not Approved
* See recommendations
 |  |
| General Counsel\* |  | * Approved
* Not Approved
* See recommendations
 |  |
| PAG |  | * Approved
* Not Approved
* See recommendations
 |  |
| Chancellor’s Council |  | * Approved
* Not Approved
* See recommendations
 |  |

*\*Indicates that review should occur prior to forwarding the proposed policy/policy revision to PAG.*