POLICY REVIEW

Policy:_____ Index #:_____
(If new leave blank)

Type of Request: ☐ New Policy ☐ Revision
☐ Rescission ☐ Resubmission to Cabinet
☐ Biennial Review

Will training be required, if approved? ☐ Yes ☐ No
Comments:

_____ _____
Originator's Signature Date Cabinet-level Supervisor Date

ADMINISTRATION AND FINANCE

☐ Human Resources/Affirmative Action ☐ Campus Safety & Risk
☐ Staff Council ☐ Legal Review
☐ Committee ☐ Other_____
☐ Other_____ ☐ Other_____

_____
Vice President for Administration & Finance Date

ACADEMIC AFFAIRS

☐ Faculty Council ☐ Other_____

_____
Provost & Vice President for Academic Affairs Date

PRESIDENT'S CABINET

☐ Recommend Approval ☐ Refer to Ad Hoc Committee
☐ Recommend Disapproval ☐ Recommend Tabling
☐ Recommend Interim Policy to Expire _____ Unless Replaced
Date

_____
President's Signature Date

Comments:_____
_____
_____

PRESIDENT

Action Taken: ☐ Approved ☐ Disapproved
☐ Tabled Until _____ ☐ Requires Resubmission

_____
President's Signature Date