# New or Updated Policy Form

**[Policy Title]**

**Effective Date:**

**Supersedes:**

**Policy Review Date:**(frequency of review is expected to be consistent with the level of risk managed by this Policy)

**Issuing Authority:**

**Policy Owner:**

**Contact Information:**

*The Policy Owner or designee is responsible for completing the relevant sections I-IX of this form. Please contact the Office of Compliance Services if you have any questions.*

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| 1. Select one of the following:   New document Update to pre-existing documentRequest to obsolete    *Skip to section III Complete sections III, VII, XI, and XII* |
| 1. Provide a summary and basis for the Policy: |
| 1. Please provide an explanation of the changes made (or reason to obsolete): |
| 1. Identify best practices and benchmarking researched: |
| 1. Have you reviewed all linked Procedures, Guidelines and forms, and considered any other related Procedures, Guidelines and forms that are not linked and should be, or that should be created? (This also includes any internal controls related to the underlying Policy.): |
| 1. List team members that developed draft (include legal staff and relevant campus groups): |
| 1. If requesting to obsolete, please list documents that contain a link or reference to the Policy that will become obsolete, as any links to obsolete documents will be broken. |
| 1. Request for Expedited Approval (attached): |
| 1. Enterprise Compliance Team Review complete:  Date:   (*Work with the Office of Compliance Services to facilitate this step*)  Recommendations Attached: |
| 1. Legal Counsel Sign-off *(Signature)*: Date: |
| 1. Policy Owner Sign-off *(Signature)*: Date: |
| 1. RF President Approval *(Signature)*: Date: |

**The following sections must be completed by the Office of Compliance Services:**

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| 1. Justification for Expedited Approval approved *(if applicable)*: |
| 1. Office of Compliance Services Approval *(Signature)*: Date: |
| 1. Policy Administration Checklist complete:  Date: |

**Approval Criteria for Policies**

When approving policies, reviewers should be sure the policy addresses the following criteria prior to signing off on policy.

* Is it consistent with the RF’s mission and vision?
* Does it strike the appropriate balance between strong internal controls and flexibility to achieve campus goals?
* Is it written a level of detail that is consistent with other RF documents of its type?
* Is it consistent with other related documents?
* Is it necessary to be a separate policy or would it be better merged with another?
* Does it take into consideration all RF employee types (administrative, sponsored program, staffing services) and funding sources (restricted/sponsored or unrestricted/IDC and other types)?
* Is it clear and understandable?
* Is there any ambiguity?
* Have all appropriate campus and system participants been consulted?