**PRESIDENTIAL POLICY REVIEW FORM**

**Policy Name and Number:**

**Responsible Office (HR, Risk, OGC):**

**Date of This Review:**

**Date Last Reviewed:**

**Name of Policy Owner:**

The Policy Steering Committee (PSC), under the direction of the President, requires that all Presidential policies undergo a review at least every 5 years, or as required by federal, state and local laws. The purpose of the review is to examine existing Presidential policies in order to:

1. Determine whether a policy is still needed, may be combined with another Presidential policy or be rescinded;
2. Determine whether the purpose and goal of the policy is still being met;
3. Determine whether changes are required to improve the effectiveness or clarity of the policy;
4. Ensure that appropriate oversight, and ongoing review of the policy is occurring; and
5. Maintain current terminology, references, definitions and other non-substantive components.

**I. TYPE OF REVIEW**

[ ]  **A technical or routine review**

Includes changes to the policy that are technical in nature and do not change the substance or principles of the document. A technical review includes updates to web and document links, office titles, updates to named employees, typographical amendments, and certain FAQ additions/updates (consultation with the Universitywide Policy Office (UPO) required). Changes that alter the direction or scope of the policy are considered substantive and require a comprehensive review.

[ ]  **A comprehensive or substantive review**

Includes any and all changes to the policy’s substance or principles and requires consultation and vetting by appropriate stakeholders, review by the required bodies (senate, staff, academic personnel, students) and final review by the Policy Advisory Committee (PAC) and PSC. *Note: the Policy Owner may not assume that any change in substance or principles is not significant enough to require formal consultation.*

(double click on the box to insert an X)

\*\*All policies submitted for review must include this form, a tracked changes (redline) version of the policy reflecting all changes, a clean “final” version of the policy, and a Policy Memorandum\*\*

**II. SUMMARY OF REVIEW FINDINGS AND ACTIONS**

(Please describe any actions taken during the review process, and outline any revisions made to the policy.)

**Who\* was consulted during the review process? (Insert extra rows if necessary)**

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| --- | --- |
| **Consultation (Department)** | **Consultation (Name)** |
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**\*Consultation with a single individual might not substitute for a formal consultation required by a department or entity. Please consult the UPO.**

**Is review required?\*\*** [ ] Yes [ ] No

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| --- | --- | --- | --- |
| **Reviewed by:** | **Review required\*? (yes/no)** | **Date Started** | **Date Completed** |
| **Academic Senate** |  |  |  |
| **Academic Personnel** |  |  |  |
| **Students** |  |  |  |
| **Staff** |  |  |  |
| **Other (fill in)** |  |  |  |
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**\*\*Determination whether review is required must be made by representatives of the relevant entity in consultation with the Policy Owner.**

**(Please describe any action taken after the review process was completed. Was the document changed based on comments? Was the document resubmitted for secondary review?)**

**III. RECOMMENDED FUTURE ACTIONS**

(Please describe any future actions that will be taken. This includes a future substantive review and a timeline for future review, and reason why the review is not being conducted at this time).

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Policy Owner Signature

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Responsible Officer Signature