**PRESIDENTIAL POLICY ACTION FORM**

**Policy Name and Number:**

**Responsible Office:**

**Date of This Action:**

**Date Last Reviewed:**

**Name of Policy Owner:**

**Summary of Action Request (Purpose, Background, Topics Addressed)**

(Please summarize the action for this request and describe the reasoning behind the new policy and its impact to the organization.)

**I. TYPE OF ACTION** (double click on the box to insert an X)

[ ]  **A new policy**

 (Include policies that are new to the University.)

[ ]  **A rescission**

The rescission of a Presidential Policy occurs when an active policy is obsolete or has been combined with another policy, which makes it more effective. Rescissions follow a similar process as a comprehensive 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. Technical reviews typically require 30 days posting before changes are made.

[ ]  **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.*

**II. SUMMARY OF DEVELOPMENT PROCESS AND ACTIONS**

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

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

**In addition to the above, specifically list who\* was consulted during this 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.**

**III.** **SUMMARY OF MAJOR DISCUSSION TOPICS, POINTS OF DISAGREEMENT, CONTROVERSIES, ETC.**

(Please summarize any discussions you have regarding the policy that may interest the PAC and PSC members and any action taken after the review process was completed. Was the document changed based on comments? Was the document resubmitted for secondary review?)

**IV. 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