**Request for New University Policy**

Please complete this form and send it to the University Policy Office.

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| **Proposed Policy Title:** Click here to enter text. | **Category:**Choose an item. |
| **Who will be the Policy Proponent/Owner:**Policies are owned by Division Vice Presidents, the Policy Office, or the CSU System office. Please identify the proposed owner below.Click here to enter text. | **Who can we contact if we need more information:** Up to two contacts |

## **POLICY DESCRIPTION AND BASIS**

*Describe the proposed policy, the reasons why the policy is needed, how it supports a University goal, initiative or compliance requirement, and how it relates to existing laws, regulations, or policies.*

## **REQUIRED RESOURCES**

*State whether additional FTE are needed to implement the policy and, if so, in what areas, and at what expected costs; list any required one-time or base budget funding that would be needed to implement and maintain the policy.*

## **ANTICIPATED IMPACTS**

*Identify the constituents who will likely be impacted by the policy if adopted, including faculty, staff, students, members of the public, or others.*

## **POLICY DEVELOPMENT**

*Who will be involved in the drafting of the policy. Typically, five members or less.*

## **STAKEHOLDER INPUT**

*Identify individuals or groups at the University that will be asked to provide stakeholder feedback. [e.g., campus employee councils, college/division Business Officers, and Deans, Department Heads and Directors]*

## **ADMINISTRATIVE/MANAGEMENT/ASSESSMENT**

*Who will administer this policy on an ongoing basis.*

## **PROCEDURES, GUIDELINES AND FORMS**

*Are there any specific procedures, guidelines or forms that will be required, and if so, who is responsible for developing them?*

## **INTERNAL CONTROLS**

*Describe the processes, systems, or steps that will be taken to assure integrity in the financial or other aspects of policy implementation. For example, will the policy result in a process that creates an audit trail? Will there be periodic reviews of performance and compliance in connection with the policy? Are there any metrics that could be used to verify compliance with this policy.*

## **RELATED POLICIES AND REGULATIONS**

*Are you aware of any policies or regulations related to this policy? Please list them below.*

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Cabinet in support of this policy:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When complete, send this form to the University Policy Office.