**POLICY REQUEST FORM (revised Jan. 2019)**Northern Kentucky University

# **POLICY DETAILS**

**Proposed Policy Title:** Click here to enter text.

**Primary Contact Name:** Click here to enter text.

**Primary Contact Email:** Click here to enter text.

**Responsible Official Title:** Click here to enter text. *Please give a title rather than a name.*

**Responsible Office:** Click here to enter text. *Please provide the name of the Office or Department in which the Responsible Official works.*

**Please indicate which type of policy change is being proposed:**

 [ ] New policy

[ ] Revision to existing policy

[ ] Retirement *(Complete Sections 1 & 7 only)*

**Revision Type**[ ] Major revisions: Changes that significantly alter the effect or nature of the policy

[ ] Minor revisions: Changes that have minor or no implications for those affected by the policy

[ ] Editorial (skip to Part 5 below): Changes in wording, style, or formatting that do not alter the policy

# **1. JUSTIFICATION**

**A. Reason for Policy Introduction/Revision/Retirement**

*More than one may be selected.*

[ ] Legal purposes [ ] Regulatory/Compliance[ ] Financial
[ ] Current policy outdated [ ] Technological [ ] Operational efficiency
[ ] Other: Click here to enter text.

**B. Is there a law or regulation that requires NKU to create, revise, or retire the policy?**[ ] Yes *(Complete item C)*  [ ] No *(Skip to item D)*

**C. List the name and citation for the law/regulation.**Click here to enter text.

**D. Explain the reason for the proposed new policy, revision or retirement of a policy.**Click here to enter text.

# **2. Impact**

**A. List the entities, offices, divisions, and/or other University members affected by this policy.***Examples can include: faculty, staff, students, minors on campus, members of the public on campus, accounts payable, or graduate students.*Click here to enter text.

**B. Describe the resources needed to implement and comply with this policy. If applicable, list the name and title of the individual responsible for ensuring compliance with this policy.***Examples can include financial, human, technological, facilities, or operational resources.*Click here to enter text.

**C. List the titles and provide a link to (or attach a copy of if not available online) any currently existing NKU policies related to this policy.**Click here to enter text.

**D. Desired implementation date:** Click here to enter a date.[ ] This implementation date is due to a compliance or legal mandate.

# **3. Training**

**A. Will this policy require training?***(e.g., Title IX Sexual Harassment training required of all university employees)*
[ ] Yes *(Complete items B & C)*  [ ] No *(Skip to Section IV, Review Cycle)*

**B. List the titles of the individuals responsible for implementing/conducting the training.**Click here to enter text.

**C. Is the training required to be tracked?**[ ] Yes  [ ] No

# **4. Review CYCLE**

**A. The typical policy review cycle is four years. Are there any circumstances that would necessitate a regularly recurring review cycle of fewer than four years after policy approval?***(e.g., legal reasons, annual changes in state appropriations to the university)*[ ] Yes *(Complete item B)*  [ ] No *(Skip to section V. Suggested Policy Type & Signatures)*

**B. Suggested Review Cycle**[ ] Annually [ ] Bi-annually [ ] Every three years [ ] Other

Explain:

# **5. Other information**

**Policy Type:**

[ ] Administrative

[ ] Academic

[ ] Hybrid (Both Academic & Administrative)

[ ] Academic & Admissions Policy Committee (AAPC)

**Names & Titles of Drafters of Policy/Revisions/Edits**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Lead Policy Drafter Name and Title (if more than one listed above):** Click here to enter text.

**Direct Supervisor/Department Head Name & Title:** Click here to enter text.

**Division Vice President’s Name & Title :** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If available, please send a copy of the proposed policy, revisions, or edits along with this form. Please ensure that it is on the most recent version NKU’s policy template, available on NKU’s policy website at <https://inside.nku.edu/policy.html>

Once confirmed, the policy initiator, owner, and responsible official will be notified and directed to develop a full draft of the policy using the policy template. The draft will proceed through the appropriate process as outlined by the NKU Policy Process Map.

# **6. EDITORIAL CHANGES *PleASe Complete If “Editorial” IS SELECTED IN POLICY DETAILS SECTION on page 1)***

**Please summarize the editorial changes in the policy.
You may refer to an attachment on which the proposed edits are already made.**

# **7. RETIREMENT OF A POLICY *(COMPLETE IF “RETIREMENT” IS SELECTED IN POLICY DETAILS SECTION on page 1)***

**In order to be retired, a current policy must be:**

 (*please check either A or B below, or both*):

[ ]  (A) no longer sufficient to maintain efficiencies and order in the way for which the policy was intended

**OR**

[ ]  (B) outdated as a result of changing legal, operational, financial, social, or business circumstances

**AND**  (*please check either C or D below, or both*):

[ ]  (C) superseded by a newer policy that encompasses all legal, social, financial, or business circumstances

**OR**

[ ]  (D) does not require a superseding policy because legal, operational, financial, social, or business circumstances which mandated the policy no longer exist.

**Name of superseding policy:** Click here to enter text.

**If the retiring policy is not being replaced by a new policy, please explain the reason for retiring this policy.**

Click here to enter text.