

**[Policy Name will be entered in system]**

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| **Classification: Administrative** | **Date Revised:** N/A |
|  | **Date Effective:** On approval |
|  | **Review Date:** three years post approval |
|  | **Date Approved:** TBD |

**Responsible University Official:** Position/Name

**Policy Owner:** Position/Name

**Policy Contact:** Position/Name

# 1.0 Reason for Policy

*This section will discuss the purpose of the policy, describe the problem the policy will address, and/or any legal or regulatory reason for the policy.*

# 2.0 Policy Statement

*State the policy in this section. This section should spell out what is required and prohibited under this policy and how issues will be handled.*

# 3.0 Procedures

*Link to procedures which relate to this policy and anyone who is required to follow this policy should abide by these procedures.*

# 4.0 Sanctions

*Describe the relevant sanctions related to this policy, describe both internal and external enforcement for non-compliance with this policy. Link to internal sanctions policy if applicable.*

# 5.0 Responsibilities

*This section will discuss the personnel affected by this policy, including who should be observant of the relevant procedures associated with this policy.*

*This section will also delineate the roles related to the policy and provide responsibilities for each of the parties listed under.*

# 6.0 References

*Cite references related to this policy, such as Code of Federal regulations, state laws and regulations or other statutes which direct this policy.*

# 7.0 Definitions

*Unique terms related to this policy, please determine if these terms have previously been defined within Policy Stat and link to that definition.*

# 8.0 History

*Include information about previous policy versions, whether this policy replaces or merges current policies. List effective date and any amended dates of policy with changes during the amendment process (i.e. expands from SLUCare to entire SLU operation). Include a statement which redacts/rescinds all previous policies related to this topic.*

*Review Date: Three Years after approval date.*

*Approval date*

*Signatures*