Policy

**Title:**

**Effective Date:**

**Applies to:** University Wide Employees Students College/Department Specific Visitors

**Statement:**

**Purpose**:

**Related Information:**

**Key Words:**

**Definitions:**

**Regulatory Information**:

References, if applicable:

Related Procedure:

Related Links:

Related Forms:

**Policy reviewed by: (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Academic Senate |  | General Counsel |  | Provost’s Office |
|  | Biosafety Committee |  | Human Resources |  | Radiation Safety Committee |
|  | Board of Trustees |  | IACUC |  | VP Research & Biotechnology |
|  | Chief Financial Officer |  | Information Technology |  | Sponsored Programs |
|  | Clinic Administration |  | Institutional Review Board |  | University Risk Management |
|  | Dean’s Council |  | Operations Council  |  | University Compliance Office |
|  | Directors of Operations |  | President’s Office |  | University Policy Office |
|  | Environmental Health & Safety |  | Procurement |  | University Student Affairs |

**Responsible Department:**

**Contact:**

 **Title:**

 **Email:**

**Origination Date:**

**Review Date:**

Procedure

**Title:**

 **Effective Date:**

**Overview:**

**Procedure Steps:**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Responsibility for Implementing** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

Related Information:

Key words:

References, if applicable:

Related Policy:

Related Links:

Related Forms:

**Procedure reviewed by: (list committee/department)**

**Responsible Department:**

**Contact:**

 **Title:**

 **Email:**

**Review Date:**

**Origination Date:**

**Standard Operating Procedure**

**(SOP)**

**Title:**

**Effective Date:**

**Statement**:

**Rationale:**

 **Procedure Steps:**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Responsibility for Implementing** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

**Key words:**

**Reference(s), if applicable:**

**Policy Name:**

**Procedure Name:**

**Links:**

**Regulatory Information, if applicable:**

**Responsible Department:**

**Contact:**

**Next Review Date:**