**SUNY Schenectady**



# Board of Trustee Policy:

# Comprehensive Review, Change Request or New Policy Proposal

This form is to be used when a) responding to a comprehensive review of an existing administrative policy, b) proposing a major change to an existing administrative policy, procedure or other key document or c) if proposing a new policy. If, during the comprehensive review, one or more major changes are being recommended, then complete both the Comprehensive Review section as well as the Major Policy Change section.

page #’s

for multiple page forms

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|  |  |  |  |
| --- | --- | --- | --- |
| Policy Title: | Policy Template | | |
| Policy Number | 1.33 | Previous Resolution |  |
| Policy Owner or Designee: | President | Phone # | 518 ----381-1304 |
| Date: | November 21, 2022 | Supersedes Date: | January 22, 2016 |

Comprehensive ReviewOrMajor Policy Change

|  |  |  |
| --- | --- | --- |
| Confirm that this policy is needed. |  | Provide a summary of the key policy or associated document change. |
| X Needed    Not needed |  |  |
| Specify why the policy is still needed/desired (minimizes institutional risk, directs behaviors, promotes consistency, etc.). |  |
| Promotes Consistency |  |
| **Frequency of Comprehensive Review** |  | Is this a New Policy? State reason why Policy is necessary. |
| 1 year  2 years  3 years  4 years  X 5 years |  |  |

All Policies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Briefly describe the policy change(s). | | | | |
| N/A | | | | |
| Why is a change being proposed? Include any external or internal triggering events, such as a change in federal regulations, addressing a new risk, etc. | | | | |
| N/A | | | | |
| Are there other existing administrative policies that overlap or are closely related to this policy? If yes, which one or ones. | | | | |
| X No other policy     Yes. Policy title(s) and number(s): | | | | |
| Please quantify the impact of the revised policy or procedures. | | | | |
| Cost to develop and implement | |  | | |
| Ongoing costs | | N/A | | |
| Audience directly impacted | |  | | |
| Processing time at the individual or unit level. | | N/A | | |
| Other (please describe) | | N/A | | |
| Describe the assessment plan with metrics to measure the effectiveness and/or compliance with this policy. | | | | |
|  | | | | |
| Specify the current compliance rate with your audience and explain how this differs from the last time the policy was reviewed. | | | | |
| 100% c | | | | |
| If the revisions are significant, outline the communication plan that will be used to inform affected stakeholders about this revised policy/procedure(s). | | | | |
| No significant revisions | | | | |
| Check those items below where you have confirmed that the policy revision is still in alignment with: | | | | |
| X Board of Trustee policies | Federal and/or State laws | | Delegation of Authority | College’s Strategic Plan |
| **Other comments/information (optional):** | | | | |

The policy owner or designee must complete this form, and forward the document along with the revised draft to the College’s President’s Office.

***Note: Please ensure that the associated procedures to this policy are accurate.***