

# SUNY Broome Community College Policy/Procedure Change or New Submission Proposal & Review Cover Sheet



**PLEASE NOTE:**

- This form is to be used to:
  - Propose a *major change* to an existing administrative policy or procedure, or;
  - Propose a *new* policy or procedure.
- A separate form is available for the Comprehensive Policy/Procedure Review Process.

<b>Policy/Procedure Title:</b>			
<b>Policy Category:</b>			
<b>Policy/Procedure Number:</b>		<b>Responsible Party:</b>	
<b>Policy/Procedure Owner:</b>		<b>Phone #</b>	
<b>Date:</b>		<b>Supersedes Date:</b>	

**Policy/Procedure Name:**

<b>Major Change or Update Proposed</b>	<b>New Policy Proposed</b>
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<b>Provide a summary of the key policy/procedure changes proposed</b>	<b>Why is this new policy/procedure necessary?</b>
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**Additional Information Required**

**Are there other existing administrative policies/procedures that overlap or are closely related to this? If yes, list them here.**

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**Are there any external or internal triggering events, such as a change in federal regulations, addressing a new risk, that indicate a need for this new Policy/Procedure or change?**

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**Please quantify any impact of the revised policy or procedures.**

Cost to develop and implement	
Ongoing costs	
Audience directly impacted	
Processing time at the individual or unit level	
Other (please describe)	

**List stakeholders that have been consulted on this policy/procedure change before submission for approval. Please include attachments regarding any stakeholder input or voiced concerns.**

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**VP APPROVAL = { }**

**Following approval, please outline the communication plan that will be used to inform the campus community about this revised policy/procedure(s).**

Standard communications include:

- Sharing in the college e-newsletter
- Submission to Shared Governance as an information item or for feedback
- An email to the campus community

Please list other groups that should be informed:

**Legal Review**

If appropriate, have the new policies/procedures, or recommended revisions, been reviewed by the county attorney?

YES { } Date \_\_\_\_\_ NO { } If not, why not? \_\_\_\_\_

**Check those items below where you have confirmed that the policy/procedure revision is still in alignment with:**

{ } Board of Trustee policies	{ } Federal and/or State laws	{ } Delegation of Authority	{ } College's Strategic Plan
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**Other comments/information (optional):**

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

*Note: Please ensure that any related policy/procedures to this policy/procedure are accurate.*

# SUNY Broome Community College

## Comprehensive Policy/Procedure Review Cover Sheet

PLEASE NOTE: This form is to be used only when responding to a *comprehensive review* request for an existing administrative policy or procedure. Comprehensive Reviews must be completed every 3 years.



<b>Policy/Procedure Title:</b>			
<b>Policy Category:</b>			
<b>Policy/Procedure Number:</b>		<b>Responsible Party:</b>	
<b>Policy/Procedure Owner:</b>		<b>Phone #</b>	
<b>Date:</b>		<b>Supersedes Date:</b>	

### Comprehensive Review

<b>Confirm that this policy/procedure is needed.</b>
<input type="checkbox"/> Needed <input type="checkbox"/> Not needed
<b>Specify why the policy/procedure is still needed/desired (minimizes institutional risk, directs behaviors, promotes consistency, etc.) or explain why it is no longer needed.</b>
<b>When was the last comprehensive review of this policy/procedure?</b>
Date _____

### Are changes recommended for this policy/procedure?

<b>[IF CHANGES WERE PROPOSED] Briefly describe the policy/procedure change(s), if any.</b> <i>(Please Include any external or internal triggering events, such as a change in federal regulations, addressing a new risk, etc.)</i>
<input type="checkbox"/> No changes are recommended at this time.
<b>Are there other existing administrative policies/procedures that overlap or are closely related to this? If yes, list them here.</b>

<b>[IF CHANGES WERE PROPOSED] Please quantify the impact of the revised policy or procedures.</b>			
Cost to develop and implement			
Ongoing costs			
Audience directly impacted			
Processing time at the individual or unit level			
Other (please describe)			
<b>Please identify any stakeholders who have been consulted and invited to assist in Comprehensive Review of this policy/procedure. Please attach any stakeholder documents containing critical input and feedback.</b>			
<b>VP APPROVAL = { }</b>			
<b>[IF CHANGES WERE PROPOSED] Following final approval, please outline the communication plan that will be used to inform the campus community about this revised policy/procedure(s).</b>			
Standard communications include: <ul style="list-style-type: none"> <li>Sharing in the college e-newsletter</li> <li>Submission to Shared Governance as an information item or for feedback</li> <li>An email to the campus community</li> </ul>			
Please list other groups that should be informed:			
<b>Legal Review</b>			
If appropriate, have the new policies/procedures, or recommended revisions, been reviewed by the county attorney?			
YES { } Date _____ NO { } If not, why not? _____			
<b>Check those items below where you have confirmed that the policy/procedure revision is still in alignment with:</b>			
{ } Board of Trustee policies	{ } Federal and/or State laws	{ } Delegation of Authority	{ } College's Strategic Plan
<b>Other comments/information (optional):</b>			

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

*Note: Please ensure that any related policy/procedures to this policy/procedure are accurate.*

# SUNY BROOME

(POLICY)

<b>Policy:</b>		<b>Policy No.:</b>	
<b>Authority:</b>	SUNY Broome Community College Board of Trustees		
<b>Policy Owner:</b>	President	<b>Responsible Party:</b>	<i>Ex. Sponsored Programs</i>
<b>Approved:</b>	(DATE)		
<b>Revised:</b>	(DATE)		

**Statement of the Policy**

**Purpose**

**Related Policies (by number)**

**To whom it applies (title or department)**

**General Guidelines**

**Definitions**

**Appendix**

Ex. Written communication, location (where published)

<b>Action</b> <i>(Created, Reviewed, Retired)</i>	<b>Date</b>	<b>Initials</b>	<b>Position Title</b>
<i>ex. Created</i>	01/01/2020	SC	<i>ex. Director Sponsored Programs</i>

(PROCEDURE)

<b>Procedure:</b>		<b>Procedure No.:</b>	
<b>Authority:</b>	College President	<b>Associated Policy Reference No.:</b>	
<b>Procedure Owner:</b>	<i>ex. VP Student Affairs</i>	<b>Responsible Party:</b>	<i>ex. Director of Sponsored Programs</i>
<b>Approved:</b>	(DATE)		
<b>Revised:</b>	(DATE)		

**Statement of the Procedure**

**Purpose**

**Related Policies (by number)**

**To whom it applies (title or department)**

**General Guidelines**

**Definitions**

**Appendix**

Ex. Written communication, location,

**Forms for further clarification of procedure**

Action <i>(Created, Reviewed, Retired)</i>	Date	Initials	Position Title
<i>ex. Created</i>	01/01/2020	SC	<i>ex. Director Sponsored Programs</i>