



POLICY DEVELOPMENT FORM ("PD Form")
(Use to document policy consultation, review, approval and distribution.)

Brief Proposed Policy Description

Responsible Executive:

Responsible Office:

Policy Proposal: _____
(Cabinet Review Date)

Action: **Approval/Denial (Circle One)**

Related Policies Reference Numbers: _____

Interim approval required

List Constituents: consulted to be consulted

Reviews/Approvals:

1. Cabinet _____
(1st Reading Date; Return/Approval)

2. Comment Period _____
(Web Posting/Issuance Date)

3. Cabinet _____
(2nd Reading & Approval Date)

4. General Counsel _____
(Approval as to legal form, Date)

5. President _____
Signature

_____ Date

Notifications Required: In addition to FSA (only Current Faculty, Staff and Administrators) distribution, please identify any special or additional distribution requirements (e.g., All Stu) for this policy:

General Counsel _____
Receipt Date

_____ Posting Date