



UMB's Office of University Policy & Procedures (UPP)

Policy Name/ "Working" Name: _____

Date Authorized: Proposed Effective Date: Previous Approval (If Applicable):	<input type="checkbox"/> New Policy Proposed <input type="checkbox"/> Revised Policy <input type="checkbox"/> Deactivation <input type="checkbox"/> Technical Revision	Policy Number: USM Equivalent (If Applicable):
VP-In-Charge: <input type="checkbox"/> Bruce Jarrell, MD, FACS, <input type="checkbox"/> Jennifer B. Litchman, MA, <input type="checkbox"/> Roger J. Ward, EdD, JD, MSL, MPA, <input type="checkbox"/> Susan Gillette, JD, <input type="checkbox"/> James L. Hughes, MBA, <input type="checkbox"/> Peter J. Murray, PhD, <input type="checkbox"/> Dawn M. Rhodes, MBA, <input type="checkbox"/> Thomas J. Sullivan, CFRE, <input type="checkbox"/> Kevin P. Kelly, JD		
Policy is required by:		
Purpose of revision:		
Deadlines:		
Policy Applies To: <input type="checkbox"/> Faculty <input type="checkbox"/> Fellows <input type="checkbox"/> Staff <input type="checkbox"/> Students <input type="checkbox"/> All UMB Personnel <input type="checkbox"/> Affiliates (VA, UMMS, UPI, Others) <input type="checkbox"/> Visitors, Consultants and Others Using UMB Resources <input type="checkbox"/> Other: _____		
Lead Drafter / Designee:	Department:	Date Identified:
Initial research assistance to be provided by UPP? <input type="checkbox"/> No, <input type="checkbox"/> Yes, timeline to complete: _____		
Stakeholder Unit or School and Contact (Unit, Contact, Date)		
<input type="checkbox"/> Academic Affairs, _____ <input type="checkbox"/> Administration & Finance, _____ <input type="checkbox"/> External Relations, _____ <input type="checkbox"/> Communications, _____ <input type="checkbox"/> Human Resources, _____ <input type="checkbox"/> UMB Police, _____ <input type="checkbox"/> CITS, _____	<input type="checkbox"/> Graduate, _____ <input type="checkbox"/> SOD, _____ <input type="checkbox"/> SOL, _____ <input type="checkbox"/> SOM, _____ <input type="checkbox"/> SON, _____ <input type="checkbox"/> SOP, _____ <input type="checkbox"/> SSW, _____	<input type="checkbox"/> Facilities, _____ <input type="checkbox"/> Register, _____ <input type="checkbox"/> SASS, _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
General Notes:		
Draft to University Counsel (Assignment & Date):		
Communications Plan: <input type="checkbox"/> Elm <input type="checkbox"/> Elm Weekly <input type="checkbox"/> Campus Weekly		
Lead Drafter to provide language:		
Any additional marketing or review plan?		
<input type="checkbox"/> Policy Proposed	Date:	Comments:
<input type="checkbox"/> Draft Policy Received	Date:	Comments:
<input type="checkbox"/> Discussed by POW	Date:	Comments:
<input type="checkbox"/> University Counsel Policy Approval	Date:	Comments:
<input type="checkbox"/> VP Policy Approval	Date:	Comments:
<input type="checkbox"/> Policy Distributed to VPs & Deans	Date:	Comments:
<input type="checkbox"/> Policy Signed	Date:	Comments:
<input type="checkbox"/> Policy Posted & Signed Version Delivered to University Counsel	Date:	Comments:

This form must be included with any policy actions.
For questions or concerns contact the Office of University Policy and Procedures.