

## **University Policy Proposal**

Complete this University Policy Proposal to:

- Assess the need for a proposed university policy
- Evaluate risk and determine if the risk is sufficient to warrant the resources needed for policy development, maintenance and implementation
- Request university legal review and guidance

| Policy Information  | Description               |
|---|---------------------------|
| Policy Title  | Click here to enter text. |
| Contact Person<br>Phone/address/email                               | Click here to enter text. |
| Responsible Office  | Click here to enter text. |
| Responsible Executive   | Click here to enter text. |
| Policy Summary  | Click here to enter text. |
| Factors or recent<br>incidents prompting the<br>need for the policy | Click here to enter text. |

| Criteria  | Risk Evaluation                           |  |
|---|---|--|
| Is there a federal or state law that requires the university to | Yes or No: Choose an item.                |  |
| have this policy?   |   |  |
| If yes, what is the law?  | Click here to enter text.                 |  |
| Attach document or provide link.                                |   |  |
| Is there a SUNY or RF policy that requires the university to    | Yes or No: Choose an item.                |  |
| have this policy?   |   |  |
| If yes, what is the SUNY or RF policy?                          | Click here to enter text.                 |  |
| Attach document or provide link.                                |   |  |
| In the absence of the proposed policy, what is the              |   |  |
| Likelihood that unwanted behavior will occur?                   | Risk: Low, Medium or High Choose an item. |  |
| Severity of financial consequences?                             | Risk: Low, Medium or High Choose an item. |  |
| Severity of reputational consequences?                          | Risk: Low, Medium or High Choose an item. |  |
| Severity of health and safety consequences?                     | Risk: Low, Medium or High Choose an item. |  |
| Severity of management or operational consequences?             | Risk: Low, Medium or High Choose an item. |  |
| Overall risk if this policy did not exist?                      | Risk: Low, Medium or High Choose an item. |  |
| Does the proposed policy  |   |  |
| Comply with federal and state laws and regulations?             | Yes or No: Choose an item.                |  |
| Comply with SUNY policies?                                      | Yes or No: Choose an item.                |  |
| Comply with RF policies?  | Yes or No: Choose an item.                |  |
| Impact existing UB policies or procedures?                      | Yes or No: Choose an item.                |  |
| Impact university employees (faculty, staff)?                   | Yes or No: Choose an item.                |  |
| Impact students?  | Yes or No: Choose an item.                |  |
| Impact vendors, visitors, other constituencies?                 | Yes or No: Choose an item.                |  |
| Impact union contracts?   | Yes or No: Choose an item.                |  |
| Impact other areas?   | Yes or No: Choose an item.                |  |

| Implementation As  | sessment  |
|--|---|
| Describe the resource implications for implementing the policy (e.g.,  | financial, human resources, technology, operations, |
| training, education, culture)?   |   |
| Click here to enter text.  |   |
| Identify stakeholders who will be involved in policy development.      |   |
| Click here to enter text.  |   |
| Identify best practices and how they will be incorporated into the po  | icy.  |
| Click here to enter text.  |   |
| Describe manager discretion or flexibility in implementing the policy. |   |
| Click here to enter text.  |   |
| Identify the criteria and process to allow exceptions.                 |   |
| Click here to enter text.  |   |
| Describe communication and training to build awareness and enable      | effective implementation of the policy.             |
| Click here to enter text.  |   |
| Describe the existing or new mechanisms to ensure policy compliance    | 2   |
| Click here to enter text.  |   |
| Indicate the projected timeframe for policy development or the estir   | nated or desired policy effective date.             |
| Click here to enter text.  |   |

## **Responsible Executive Approval**

Comments

Click here to enter text.

## Responsible Executive Approval

Signature:

Date:

Send this completed University Policy Plan for legal review and comment to: James L. Jarvis, Jr. | Associate Counsel | 511 Capen Hall | <u>jljarvis@buffalo.edu</u>

## University Legal Counsel Review and Approval Comments Click here to enter text. Legal Approval Signature: Date: Send this legal-reviewed and approved University Policy Proposal to: Responsible Office (contact information on reverse side) and Policy, Compliance and Internal Controls