

## **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 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 incidents prompting the 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