POLICY IMPLEMENTATION – ROUTING/CHECKLIST FORM

DATE:

TO: **(Appropriate Vice Chancellor)**

FROM:

TITLE OF POLICY:
_____
(For Office Use Only)

1. VICE CHANCELLOR NAMES RESPONSIBLE OFFICIAL

Name:_____ Forwarded to Responsible Official on _____(date/initial)

2. RESPONSIBLE OFFICIAL REVIEW

☐ Review completed – Forwarded to University Policy Council Chair on _____(date/initial)

3. UNIVERSITY POLICY COUNCIL REVIEW

☐ Referred to appropriate VC or Responsible Official for review by_____ constituency group/committee/task
force on _____(date/initial) Feedback from constituency group/committee/task force to VC or Responsible Official attached.
(Feedback to be received by VC or Responsible Official within 45 calendar days from review date assigned.)
Then, forwarded to University Policy Council for further consideration.

☐ Returned to Responsible Official for revisions on _____(date/initial) - Comments:

☐ Review completed - Forwarded to Chancellor's Office for Chancellor's Council review on _____(date/initial)

4. CHANCELLOR'S COUNCIL REVIEW

☐ Returned to University Policy Council Chair for revisions on _____(date/initial) - Comments:

☐ Chancellor's Council recommendation to Chancellor: ☐ Approve   ☐ Modify   ☐ Reject

5. CHANCELLOR'S REVIEW

☐ Referred to _____ group/committee/task force on _____(date/initial)
Feedback from constituency group/committee/task force to Chancellor attached.

☐ Returned to Policy Council Chair for review of Chancellor's changes on _____(date/initial) – Comments:

☐ Review completed-Recommendation: ☐ Approval on _____(date/initial)
                                      ☐ Reject (return -Policy Council Chair)

6. POST APPROVAL

☐ Finalize approved policy in regard to formatting, grammar, notations, and/or references

☐ Submit in print form for inclusion in all applicable or relevant University printed publications

☐ Post on official SIUE website

☐ Publish to affected group or population via informational email notification

☐ Other publications/postings as deemed necessary