



### POLICY IDENTIFICATION

Policy title

Policy number / classification

Policy Lead

Office of Primary Responsibility

Submission date

Proposed effective date

### FINAL POLICY PACKAGE CERTIFICATION

- ☐ Approved Policy Proposal Request Form
- ☐ Approved project plan / timeline
- ☐ Final clean policy
- ☐ Final redline or tracked-changes policy
- ☐ Completed Policy Routing Form
- ☐ Related procedures, guidelines, forms, FAQs, or job aids
- ☐ Final legal review documentation, if applicable
- ☐ Draft campus communication or announcement
- ☐ Other supporting approval or implementation documents

Missing item or N/A explanation



### POLICY IMPACT ASSESSMENT

Estimated cost to develop and implement

Estimated ongoing cost

Audience directly impacted

Other impact

### POLICY COMPLIANCE AND ALIGNMENT REVIEW

- ☐ Complies with applicable federal and state laws, rules, and regulations.
- ☐ Complies with University of Colorado Board of Regents Laws and Policies.
- ☐ Complies with applicable University of Colorado System Administrative Policy Statements.
- ☐ Complies with existing UCCS policies, procedures, regulations, and forms.
- ☐ Identifies impacts to other relevant campus areas.
- ☐ Reflects review of relevant higher education best practices.
- ☐ Uses the current UCCS policy template.
- ☐ Uses clear and concise language.

Other alignment consideration

### COMPREHENSIVE REVIEW SCHEDULE

- ☐ Yearly      ☐ Special Term Frequency



### IMPLEMENTATION READINESS ASSESSMENT

*Keeping in mind that policies, rules, and procedures are binding on the UCCS community, answer each question below.*

**What is the correct level of detail for this policy or procedure? Are exceptions needed?**

**What support or information will organizational units need, and how will it be provided?**

**What are organizational units doing now, and what policies or practices must change?**

**Does this policy change have a financial cost? If so, how will it be paid for?**

**What is the timeframe for making this change in practice?**

**How will impact be measured and negative unintended consequences addressed?**



### CAMPUS DISTRIBUTION CHECKLIST

- |                                                                   |                                                                |
|-------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Chancellor / Chancellor's Team           | <input type="checkbox"/> Vice Chancellors / campus leadership  |
| <input type="checkbox"/> Deans / Academic Affairs                 | <input type="checkbox"/> Faculty Assembly / faculty governance |
| <input type="checkbox"/> Staff Council                            | <input type="checkbox"/> Student Government Association        |
| <input type="checkbox"/> Legal Counsel                            | <input type="checkbox"/> Human Resources                       |
| <input type="checkbox"/> Office of Institutional Equity           | <input type="checkbox"/> Fiscal / Budget / Controller          |
| <input type="checkbox"/> Information Technology / Web Services    | <input type="checkbox"/> Research / Institutional Research     |
| <input type="checkbox"/> Risk Management / Public Safety          | <input type="checkbox"/> Registrar / Financial Aid             |
| <input type="checkbox"/> Impacted departments / functional owners | <input type="checkbox"/> Policy Office distribution list       |
| <input type="checkbox"/> Campus newsletter / policy website       | <input type="checkbox"/> Other                                 |

#### Other distribution recipient(s)

### CAMPUS COMMUNICATION PLAN

#### Communication method, audience, responsible sender, and planned release date

### POLICY MONITORING AND EVALUATION PLAN

#### Monitoring owner, review frequency, evidence reviewed, and follow-up process



### PROJECT TIMELINE VARIANCE

☐ No material variance from the approved project plan

☐ Variance described below

Describe the cause, duration, impact, and revised milestone, if applicable.

### POLICY LEAD CERTIFICATION AND APPROVAL

☐ I certify that the final package is complete and the implementation information provided is accurate.

Policy Lead name

Signature

Date

Submit the completed memorandum and final policy package to [policy@uccs.edu](mailto:policy@uccs.edu).