

**Policy & Procedure Development and Revision  
 Checklist and Approval Cover Sheet**

**Policy Title**

**Policy Holder:** *[VP of lead originating portfolio]*

**Administrator:** *[Lead policy developer/reviewer responsible for approval and review process]*

**Date:**

<b>1. Policy &amp; Procedure Type:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Revised
<input type="checkbox"/> Academic	General Administration <input type="checkbox"/> Financial Services <input type="checkbox"/> Facilities and Property <input type="checkbox"/> Information Management <input type="checkbox"/> Public Safety and Security <input type="checkbox"/> Communications, Marketing <input type="checkbox"/> General Operations	<input type="checkbox"/> Board of Governors
<input type="checkbox"/> Human Resources		<input type="checkbox"/> Student Services
		<input type="checkbox"/> Institutional Planning and Analysis

**2. Policy and Procedure (where applicable) need:**  
*Provide rationale for developing or revising this policy.*

**3. Research and Background**

Other institutions' policies reviewed: *[Insert]*

Specify other research conducted: *[Insert]*

**4. Consultation and Impact**

Anyone or any team impacted by this Policy should be consulted with and/or aware of the policy action. Specify with whom you have consulted from the list below and indicate "n/a" for any stakeholders for whom consultation was not deemed necessary for this policy and procedure.

**Key Questions for Consideration Prior to Consultations**

Please consider the following questions prior to determining the scope of consultations necessary for the development of this policy and procedure. Please also consult with Legal, Risk and Privacy for assistance.

1. Are this policy and procedure likely to impact the entire College?  
 Yes  No   
 Details:
  
2. Will this policy and procedure have an impact on student life?  
 Yes  No   
 Details:
  
3. Will this policy and procedure have an impact on Academic operations?  
 Yes  No   
 Details:
  
4. Will this policy and procedure impact College employees and personnel?  
 Yes  No   
 Details:
  
5. Will this policy impact University of Guelph-Humber?  
 Yes  No   
 Details:
  
6. Will this policy and procedure have a significant impact on College resources, including financial, facilities or IT?  
 Yes  No   
 Details:
  
7. Is it possible that this policy and procedure will have an impact on campus security or the safety of students and/or staff?  
 Yes  No   
 Details:
  
8. Are there key stakeholders outside of the Policy Holder's portfolio who should be involved in developing this policy?  
 Yes  No   
 Details:

Stakeholder(s)	Complete	Date:	Contact Name:	n/a
Government Relations	<input type="checkbox"/>			

People(s) and Culture	<input type="checkbox"/>			<input type="checkbox"/>
Financial Services	<input type="checkbox"/>			<input type="checkbox"/>
Advancement & Alumni	<input type="checkbox"/>			<input type="checkbox"/>
Program Planning, Development & Renewal	<input type="checkbox"/>			<input type="checkbox"/>
Applied Research & Innovation	<input type="checkbox"/>			<input type="checkbox"/>
Information Technology	<input type="checkbox"/>			<input type="checkbox"/>
Inclusion and Belonging	<input type="checkbox"/>			<input type="checkbox"/>
Capital Development & Facilities Management	<input type="checkbox"/>			<input type="checkbox"/>
Marketing & Communications	<input type="checkbox"/>			<input type="checkbox"/>
Public Safety	<input type="checkbox"/>			<input type="checkbox"/>
Registrar	<input type="checkbox"/>			<input type="checkbox"/>
Guelph-Humber	<input type="checkbox"/>			<input type="checkbox"/>
Students and Institutional Planning	<input type="checkbox"/>			<input type="checkbox"/>
Academic Division	<input type="checkbox"/>			<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>			<input type="checkbox"/>

<b>Committee</b>	<b>Complete</b>	<b>Date:</b>	<b>Contact Name:</b>	<b>n/a</b>
IGNITE	<input type="checkbox"/>			<input type="checkbox"/>
Operating Committees	<input type="checkbox"/>			<input type="checkbox"/>
Health & Safety Committee	<input type="checkbox"/>			<input type="checkbox"/>
Academic Leadership Council	<input type="checkbox"/>			<input type="checkbox"/>
Digital Campus Committee	<input type="checkbox"/>			<input type="checkbox"/>
College Council	<input type="checkbox"/>			<input type="checkbox"/>
Academic & Administrative Leaders' Forum	<input type="checkbox"/>			<input type="checkbox"/>
Academic Framework Committee	<input type="checkbox"/>			<input type="checkbox"/>
Academic Operations Committee (AOC)	<input type="checkbox"/>			<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>			<input type="checkbox"/>

Impact and issues identified by the above stakeholder groups: (attach additional pages as required)

**5. Communications, Implementation and Training Plan**

Describe:

- Communication plan – How will the policy and procedure be communicated, to whom and when?
- Training requirements identified – What training is required and when will it be completed?

**6. Final Approval (where applicable):**Policy Holder Approval:  
(VP responsible for policy)

Date/Initial: \_\_\_\_\_

Executive Team Approval  
(all corporate policies & procedures)

Date: \_\_\_\_\_

Sub- Committee of the Board  
of Governors' Approval (if applicable)Date: \_\_\_\_\_ N/A 

Board of Governors' Approval (if applicable)

Date: \_\_\_\_\_ N/A **7. Final Review:**

Legal, Risk and Privacy:

Date: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_