**Questions? Contact:**

Director

University Policy Program

Phone: (612) 624-8081

**U Wide Form:**

UM

1648

**Rev:** 3/16/21

wdmk

# Administrative Policy:

# Comprehensive Review or Change Request

This form is to be used when a) conducting a comprehensive review of an existing administrative policy, or b) proposing a major change to an existing administrative policy, procedure or other key document.

page #’s

for multiple page forms

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|  |  |  |  |
| --- | --- | --- | --- |
| Current Administrative Policy Title |  | | |
| New Title (if change proposed) |  |  |  |
| Policy Owner or Designee |  | Phone # |  |
| Date |  | | |

*Check one:*

   Comprehensive Review

   Major Policy Change

   Other Modification

*Complete for Policies Undergoing Comprehensive Review*

|  |
| --- |
| Is this policy still needed? |
| Needed    Not needed |
| Specify why the policy is still needed/desired (minimizes institutional risk, directs behaviors, promotes consistency, etc.). |
|  |
| **Frequency of comprehensive review** |
| 1 year       2 years       3 years       4 years        Other (5 or 6 years) – Comp Review Extension Request form required – please attach |
| **Policy history update** |
| Is this change significant enough to be reflected in the policy history at the bottom of the policy?     Yes    No |

*Complete for All Policies*

|  |  |  |  |
| --- | --- | --- | --- |
| Provide a summary of the key policy or associated document change. | | | |
|  | | | |
| Why is a change being proposed? Include any external or internal triggering events, such as a change in federal regulations, addressing a new risk, etc. | | | |
|  | | | |
| Describe how an equity lens was taken into consideration when your policy language was reviewed or drafted (equity lens: ethnicity, race, religious expression, veteran status, people of color, people who identify as women, age, socio-economic, people with both apparent and non-apparent disabilities, gender and sexual identities and expressions, American Indians and other indigenous populations ) Please include the feedback received from the Equity Lens Policy Review Committee. | | | |
|  | | | |
| Did you modify the policy draft based on your considerations? If yes, what did you modify? | | | |
|  | | | |
| Are there other existing administrative policies that overlap or are closely related to this policy? If yes, which one or ones. | | | |
| No other policy     Yes. Policy title(s): | | | |
| What consultation took place as part of the review? Please list the groups or individuals. | | | |
|  | | | |
| Please quantify the impact of the revised policy or procedures, to assist the reviewers in understanding the effort or cost of making these changes. | | | |
| Cost to develop and implement these changes | |  | |
| Additional ongoing costs | |  | |
| Audience directly impacted | |  | |
| Number of employees/students/or others impacted | |  | |
| Processing time at the individual or unit level. | |  | |
| Other (please describe) | |  | |
| Outline the communication plan that will be used to inform affected stakeholders about the revised policy/procedure(s). | | | |
|  | | | |
| Identify the monitoring approach that best fits the content of your policy, after considering the risks and impact. | | | |
| Active  Passive | | | |
| Please answer all of these questions:  What position, within your organization structure, will be monitoring compliance with this policy?  Explain how the policy will be monitored (e.g., sampling, exception reporting).  What is the frequency for the proposed monitoring?  To whom and how frequently will the results of the monitoring be communicated to your management? | | | |
|  | | | |
| Specify the current compliance rate with your audience and explain how this differs from the last time the policy was reviewed. | | | |
|  | | | |
| Check those items below where you have confirmed that the policy revision is still in alignment with: | | | |
| Board of Regents policies | Federal and state laws | | Delegation of Authority |

|  |
| --- |
| **Other comments/information (optional):** |
|  |

The policy owner or designee must complete this form, and forward the document along with the revised documents (policy, procedures, FAQ, etc.) to the University Policy Program Director at 140 McNamara Center or policy@umn.edu. The Administrative Policy Advisory Committee (PAC) will review the materials and provide feedback to the policy owner/designee at a scheduled PAC meeting.