Please complete and send with the draft Policy/Procedure to policies@queensu.ca. A separate form is required for each Policy and Procedure.

**PROPOSED NAME OF POLICY / PROCEDURE**

<table>
<thead>
<tr>
<th>PROPOSED NAME OF POLICY / PROCEDURE</th>
<th>FILE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretariat Use Only</td>
<td></td>
</tr>
</tbody>
</table>

**SELECT ACTION:**

- [ ] New Policy/Procedure
- [ ] Replacement to existing policy/procedure
- [ ] Deletion of existing policy/procedure

If revised, briefly highlight the significant changes (try to limit to five or less):

1. 

**RATIONALE FOR SUGGESTING THE POLICY/PROCEDURE OR CHANGES TO THE POLICY/PROCEDURE**

What developments, changes or circumstances indicate that a policy/procedure or change to a policy/procedure is needed? What are the implications of not having the policy/procedure? How would the University and/or its students, staff and faculty benefit from such a policy/procedure? If you are only proposing a procedure and no policy exists to support it, please explain your rationale for this approach.

**SCOPE OF PROPOSED POLICY/PROCEDURE**

Indicate to which members of the University community the proposed policy/procedure would apply and reference other pertinent policies, legislation, regulations, collective agreements, etc. and explain their relationship to the policy/procedure.
HUMAN RIGHTS, EQUITY, AND ACCESSIBILITY

Indicate implications of the policy/procedure on the University’s obligations under the Ontario Human Rights Code (OHRC) and Accessibility for Ontarians with Disabilities Act (AODA, 2005) and their Regulations, the Queen’s Multi-Year Accessibility Plan, and established equity-related policies such as the Anti-Discrimination Policy, Employment Equity Policy, and the Educational Equity Policy.

CONSULTATION

Describe any consultation undertaken to date or proposed, including the dates and names of committees / staff / student meetings.

- Human Resources
- Labour Relations
- Faculty Relations
- Human Rights/Equity
- Advancement
- Communications
- Queen’s Community
- Audit
- URS
- Finance/Faculty Budget Officer
- ITS
- Deans
- Other

Please provide detail ____________________________

APPROVAL PROCESS

What is the recommended approval body(ies) and the steps required to achieve final approval of the proposed policy/procedure?

COMMUNICATION PLAN

Indicate how the policy/procedure will be communicated to allow for implementation. Note that publishing on the central policy webpage by the Secretariat is assumed; information about additional communication strategies should be provided.
RISK MANAGEMENT

What type of losses (financial, legal, reputation, injury, property damage) could occur if this policy/procedure is not implemented.

How likely is it that they will occur and how significant might they be? Conversely, what opportunities might be missed if this policy/procedure is not enacted? Please consult with the Risk Management Office, if unsure.

Indicate resources required to implement the policy/procedure (funding, staff time, space).

Indicate how this policy/procedure will be implemented. Note that proactively implementing a policy/procedure is required to decrease liability.

Are there time constraints which require implementation of the policy/procedure on an expedited basis?

PROCEDURES

List required Procedures and attach, if drafted.

RESPONSIBLE OFFICER / COMMITTEE

Officer / Committee:
(Insert name and title of Senior Administrative Officer responsible for the policy/procedure)

Signature: ________________________________
(For a Committee, the Chair is to sign)

Date:

Contact Officer:
(Insert name and title of Contact Officer)
POLICY ADVISORY SUBCOMMITTEE (PASC) SIGN OFF

<table>
<thead>
<tr>
<th>Reviewed by PASC on: [DATE]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conforms to Requirements? YES / NO If NO:</td>
</tr>
<tr>
<td>Next Steps: ___________________</td>
</tr>
</tbody>
</table>

APPROVAL AUTHORITY DECISION

<table>
<thead>
<tr>
<th>Name of Approval Authority: ___________________________</th>
<th>Approved? YES / NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If NO:</td>
<td></td>
</tr>
<tr>
<td>Next Steps:</td>
<td></td>
</tr>
<tr>
<td>If approved:</td>
<td></td>
</tr>
<tr>
<td>Date of Approval:</td>
<td></td>
</tr>
<tr>
<td>Date of Commencement:</td>
<td></td>
</tr>
<tr>
<td>Date for Next Review:</td>
<td></td>
</tr>
<tr>
<td>Contact Officer:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
</tbody>
</table>

Submit this Form with a Word version of the final approved Policy/Procedure to: policies@queensu.ca