**University of Wisconsin – Madison**

**Campuswide Administrative Policy Initiation Form**

**Status: [draft, submitted for AC review, resubmitted with revisions, approved to proceed with development]**

**Target Date for Implementation:**

*This form assists the University Administrative Policy Advisory Committee with determining the need and priority for the development of a new campuswide policy or modification of an existing one.*

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| --- | --- |
| Are you proposing a new policy or modification of an existing policy? |  |
| If it is a modification, what is the policy number and title? (Please update all of the following sections which apply) |  |

Proposed Policy Title

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|  |

Summary of the Proposed Policy or Change to Existing Policy

*What actions does the proposed policy require or restrict?*

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Proposed Audience/Scope – Who would this policy apply to?

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Proposed Functional Owner

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Proposed Executive Sponsors

*Generally a Vice Chancellor or Chancellor*

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Risks / Needs Addressed by Policy

*Which risks or business needs would be addressed by this policy? How would the proposed policy address these needs?*

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| **Health and Safety**  *Protecting the wellbeing of our employees, students, visitors, and community* |  |
| **Compliance**  *Adhering to laws, regulations, and contractual requirements* |  |
| **Financial**  *Safeguarding and optimizing use of financial resources* |  |
| **Operational**  *Promoting effective secure operations and business continuity* |  |
| **Reputational**  *Maintaining public image, university brand, and transparency* |  |

Metrics/Evidence

*Why do we need this policy? What measures or evidence suggests the need for a policy?*

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Alignment with Current Laws, Policies, Practices, and Guidelines

*What existing laws, regulations, policies, contracts, practices or guidelines, procedures are in place related to this policy need? Would the proposed change reinforce, clarify, narrow, or supersede these? Please reference or attach relevant supporting documentation.*

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Internal/External Stakeholders

*How might this policy positively and negatively affect internal and external stakeholders? Impacted stakeholders represent likely audiences for engagement in the policy development process*.

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| ***Stakeholder Group*** | ***Impact*** |
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Implementation Requirements

*What types of resources, supporting tools, process changes, training, or organizational change might be required to support implementation of this policy?*

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Submitted By:

*Policy initiation must be submitted by a dean, director, or sponsored work team.*

|  |  |
| --- | --- |
| Name, |  |
| Division/Department |  |
| E- mail |  |
| Date Submitted: |  |

This form is submitted to the Administrative Policy Coordinator. Submissions are reviewed on the first of the month. [Questions / contact information].