# Policy Title:

**Policy Type:** Board of Visitors /Administrative/Local

**Policy Number:** BOV Policy # (2014)

# Approval Date:

# Responsible Office:

# Responsible Executive:

# Applies to:

**POLICY STATEMENT**

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# DEFINITIONS

**Word/Term:**

**CONTACT(S)**

(Name of the Responsible Office) officially interprets this policy. (Name of the Responsible Office) is responsible for obtaining approval for any revisions as required by BOV Policy # 01 (2014) *Creating and Maintaining Policies* through the appropriate governance structures. Questions regarding this policy should be directed to (Name of the Responsible Office).

# STAKEHOLDER(S)

**TITLE: POLICY CONTENTS PUBLICATION**

**EDUCATION AND COMPLIANCE**

**(**Summary of employee education plan and process/methodology for tracking policy compliance)

**REVIEW SCHEDULE**

* Next Scheduled Review: MM/DD/YYYY
* Approval by, date: Board of Visitors, MM/DD/YYYY
* Revision History: MM/DD/YYYY
* Supersedes:

# RELATED DOCUMENTS

# FORMS