[Policy Number – Assigned by Admin.]

[Policy Name]

Page X of X

Policy Type (choose one): New or Existing

Recommended By (Name, Title, Date):

 [Name, Title, Dept. – Date]

Effective Date:

Last Review Date:

Policy Contact: [Title of Contact]

Contact Phone:

**[Policy Name]**

1. **SCOPE**
2. **POLICY STATEMENT**
3. **POLICY**
4. **DEFINITIONS**
5. **OTHER RELATED INFORMATION**
6. **PROCEDURES**
7. **FORMS**
8. **AUTHORITY**
9. **HISTORY**
10. **APPENDICES**
11. **FREQUENCY OF REVIEW AND UPDATE**

Policies will have a normal review period of every five (5) years unless required otherwise.

1. **SIGNATURE, TITLE, AND DATE OF APPROVAL**

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**Policy Approver – Printed Name Title**

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**Policy Approver – Signature Date of Approval**