



Policy Concept Form

As part of the University of Oregon Policy development process, all new Policy proposals, as well as proposals for the revision or repeal of existing Policies, must be submitted via this form to the University Secretary (the policy custodian). The Secretary will forward completed concept forms to the President's Policy Advisory Council for consideration pursuant to the University's Policy on University Policies. Please remember:

A "Policy" as defined by the University Policy on Policies (1) has broad application or impact throughout the University community, (2) must be implemented to ensure compliance with state or federal law, (3) is necessary to enhance the University's mission, to ensure institutional consistency and operational efficiency, or to mitigate institutional risks; or (4) is otherwise designated by the Board or the President as a University Policy subject to the Policy-Making Process authorized in section **Error! Reference source not found.** A policy establishes rights, requirements or responsibilities. Excluded from this definition are things such as, but not limited to, implementation guides, operating guidelines, internal procedures, and similar management controls and tools.

[Complete the following information as thoroughly as possible; response boxes will expand as filled.]

CONCEPT SUBMITTED BY:

NAME:	
PHONE:	
EMAIL:	
ORGANIZATION:	

POLICY CONCEPT SUBJECT MATTER (including existing policy number if appropriate):

--

STATEMENT OF NEED FOR THIS POLICY CONCEPT (i.e. What is the problem this concept seeks to address, and how does this proposal do so?):

--

WHO OR WHAT MIGHT BE AFFECTED BY THIS POLICY CONCEPT, AND HOW? *List all individuals, groups, etc. that would be impacted by this concept and the nature of any possible impacts (both positive and negative).*

WHAT COSTS MIGHT BE ASSOCIATED WITH THIS CONCEPT, BOTH IMPLEMENTATION AND RECURRING?

WHAT OTHER RESOURCES (HUMAN, PHYSICAL, OPERATIONAL, FINANCIAL, TECHNOLOGICAL, ETC.), WILL BE NEEDED TO IMPLEMENT AND MAINTAIN COMPLIANCE WITH THIS POLICY?

DOES THE PROPOSED CONCEPT IMPACT EXISTING POLICIES, GUIDELINES OR PROCEDURES? DOES THE PROPOSED CONCEPT RELATE TO A MATTER WITHIN A UNION CONTRACT? IF SO, PLEASE LIST.

ADDITIONAL INFORMATION YOU WISH TO SHARE?

PLEASE PROVIDE ANY SUGGESTED LANGUAGE AS AN ATTACHMENT TO THIS FORM.

FOR OFFICE USE ONLY

Date Received: