

ADMINISTRATIVE POLICY APPROVAL FORM

Please complete the form to request a new policy, or to revise, reaffirm or rescind an existing administrative policy.

Following approval, forward original Administrative Policy Approval Form and the approved policy (hard copy and digital Microsoft Word format) to the Office of the Vice President for Administration (VPA), Henry Madden Library, 4th Floor, M/S ML 52. For revisions, provide a clean copy and a redlined version. If you have any questions, please call the Office of the Vice President for Administration (VPA) at 559.278.2083.

REQUESTED BY:			DATE	.:	
CONTACT INFORMATION: Email:	NTACT INFORMATION: Email: Phone:				
RESPONSIBLE DEPARTMENT(S):					
	Reaffirmed (No Changes of Only Minor Edit		Rescinded		Approval Academic eview)
POLICY TITLE:					
POLICY NUMBER (new numbers assigned by VPA):				
PROPOSED EFFECTIVE DATE:					
BRIEF SUMMARY of new policy or revisions to an existing policy (if additional space is needed, plea				ion, or reason for	rescinding an
INDICATE METHOD(s) used to gather input and p	rovide an o	pportunit	y for notice and	d comment, as ap	plicable <i>(if</i>
ADDDOVAL SIGNATURES.					
APPROVAL SIGNATURES:					
	Date				Date
Title of Responsible Official Dean, Director or Manager)		Title of Responsible Executive (Provost or Vice President)			
Send to Academic Senate for Consultative Review: Requires President's approval:	Yes _ Yes _			does not need to ation of Authority:	
APPROVAL SIGNATURE:					
President (if required) Date					
ATTACHMENTS:					
 Policy in final format (Microsoft Word), Policy in redline format, if revised (Microsoft Word) 	osoft Word)), and			

3. Previously approved policy, if revised.



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