

**Title**

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| --- | --- |
| SPONSORING ORGANIZATION NAME |  |
| SPONSORING ORGANIZATION ID |  |
| POLICY NUMBER |  |
| DATE APPROVED |  |
| DATE(S) REVISED |  |
| RELATED POLICIES |  |
| RELATED FORM(S) |  |

**POLICY STATEMENT**

What is the goal?

Type to enter text

**PROCEDURES**

What exact actions are taken, by whom and in what timeframe?

| STEP # | ACTIVITY/ACTION | PERSON(S) RESPONSIBLE | TIMEFRAME |
| --- | --- | --- | --- |
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