



POLICY ADMINISTRATION APPROVAL ROUTING FORM

The Responsible Policy Official must attach the draft policy, revised draft, or original policy (if proposing to be repealed) to this routing form and forwarded to the Executive Assistant for processing. For questions, please contact:
 Linda Kutinac | lkutinac@bcomnm.org | 674-2201 or Nina Nunez | nnunez@bcomnm.org | 674-2339

Policy Title:		Old Policy Number: (if applicable)	
Responsible Policy Official:		New Policy Number:	
Responsible Policy Official Department:		Phone Number:	
1. Policy Status			
<input type="checkbox"/> New Policy <input type="checkbox"/> Current Policy <input type="checkbox"/> Interim Policy (Emergency Use Only)			
2. Are there Procedures associated with the Policy? <i>Note: Please ensure that the associated procedures to this policy are accurate, updated (if applicable)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is the Policy needed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No, I/We request the Policy be repealed/retired			
4. Why is a change being proposed? Include any external or internal triggering events, such as a change in federal regulations, addressing a new risk, etc.			
5. Are there other existing administrative policies that overlap or are closely related to this policy? If yes, which one or ones?			
<input type="checkbox"/> Yes; list Policy title/number: _____ <input type="checkbox"/> No			
6. Please quantify the impact of the new or revised policy or procedures.			
Cost to develop and implement			
Ongoing costs			
Audience directly impacted			
Other (please describe)			
7. Check those items below where you have confirmed that the policy revision is in alignment with:			
<input type="checkbox"/> Board Policy and Bylaws	<input type="checkbox"/> Federal and/or state laws	<input type="checkbox"/> Other _____	
8. Frequency of Comprehensive Review:			
<input type="checkbox"/> Yearly	<input type="checkbox"/> Special Term Frequency: _____		
9. Additional information and/or comments:			
10. This policy was reviewed by: (list committees, departments, organizations, etc.)			

Signature	Date
Responsible Policy Official:	