

UTHealth Handbook of Operating Procedures		
Policy Number:	(assigned by Legal Affairs)	

# [NAME OF POLICY/PROCEDURE]

**Subject:** First word of Subject title should be a key word for locating the policy.

**Scope:** List span of policy. (To whom or what does this policy apply?)

## **Responsible Office:**

Area or department responsible for implementation and/or interpretation of policy.

**Effective Date:** Original effective date of policy.

**Date Reviewed/Revised:** Date of last revision or review of policy.

**Next Scheduled Review Date:** Date of next scheduled review or revision. Cannot exceed five years.

**Responsible Executive:** University Executive responsible for the programmatic, functional, or administrative areas affected by the policy/procedure.

### I. POLICY AND GENERAL STATEMENT

Provide a brief introduction stating the university's policy or position and the basis or rationale for the policy/procedure.

#### II. DEFINITIONS

Define any terms with specific meaning for the policy/procedure.

#### III. PROCEDURE

Describe process to be followed, including any required controls and approval levels

### IV. CONTACTS

List the phone number and email/web address of the office and/or person who is the subject matter expert on this policy and can answer questions regarding application and interpretation of the policy.

Contact	Telephone	Email/Web Address

#### V. EXHIBITS

List exhibits referenced in policy and provide links. Do not include section if no exhibits are referenced in the policy.