POLICY SUPPORTING DOCUMENT

DOCUMENT TITLE	Policy Development Plan and Scoping Document Template
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NAME OF POLICY THE DOCUMENT SUPPORTS	Policy Framework
TYPE OF DOCUMENT	Template
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HOLDER	President
RESPONSIBLE OPERATIONAL LEADER	President

POLICY DEVELOPMENT PLAN AND SCOPING DOCUMENT TEMPLATE

PURPOSE AND/OR RATIONALE

The purpose of this template is to support employees at Camosun propose new policies at the College. The template asks a series of questions to guide the thinking behind the need for new policy at Camosun.

POLICY OVERVIEW

Proposed Policy Title	
Proposed Approval Body	
Proposed Policy Holder	
Proposed Responsible	
Operational Leader	
Anticipated Date of Completion	
Name of Submitter	



DESCRIPTION OF PROPOSED POLICY

What policy are you proposing? Briefly describe it.

Provide a rationale for the policy. Why does Camosun College need this policy? What will be the expected policy outcomes? What are the risks of *not* having this policy?



How does this policy with the college's strategic plan, vision, and mission?

Conduct a comparative environmental scan of similar policies at other institutions (in Canada and/or abroad). What are other institutions doing with respect to this policy area?



How will you develop this policy? How much engagement will be required? Who needs to be involved in its development and who will you engage? Why?

Provide a brief timeline of the policy development. When do you expect for the policy to be developed by?



What resources (financial, personnel, etc.) will you need to be successful in the development of this policy?

After development, what steps may be required to implement and communicate the policy at the college? List stakeholders who may be involved in the implementation and communication of the policy.

POLICY SUPPORTING DOCUMENT

List related Policies and/or Related Legislated and/or Collective Agreement References. How are these related to the policy you are proposing? (complete only relevant sections)	
Related Policies	Legislative Requirements and/or Collective Agreements

FOR OFFICIAL USE ONLY:

Approved By (name of proposed Policy Holder): _____

Date of Approval: ______

Signature of Policy Holder: _____