



POLICY REVIEW REQUEST FORM

Requestor/s: _____

Department/s: _____ Date: _____

Phone: _____ Email: _____

Type of Request

☐ Concern/Issue ☐ New Procedure ☐ Revised Procedure

☐ New Policy ☐ Revised Policy

Requestor Instructions:

To initiate the process, the requestor/s must submit a hardcopy and an electronic version of this form to the Shared Governance Council (sharedgovernance@luna.edu) along with an initial draft document in the format indicated below in either Microsoft Word or PDF, including copies of all referenced materials.

Document Title: _____

Policy Section (if applicable): _____

Introduction:

Justification/rationale for request:

Issue statement:

Write a brief, factual statement identifying the issue/problem/concern.

Basis:

Explain the reason for wanting the Shared Governance Council to address this issue at this time. (Clarify policy, amend policy, research, etc.)

Related research details:

Impact, including cost effectiveness, relative to the College, its students, the community, outside entities and any other areas affected. Increases in cost must be researched, justified and estimated.

Anticipated outcomes or benefits:

Describe the overall outcomes or benefits expected.

Primary stakeholders:

Identify the organizational areas (institutional departments, programs, divisions or units) that will most need to be involved in the resolution of this issue.

Secondary stakeholders:

Identify other organizational areas that are impacted by this issue.

Issue has substantial impact in these areas: *(check any that apply)*

- ☐ Cross-function/institutional implications
- ☐ Policy/procedure implications (Please include number, if known. _____)
- ☐ Funding implications
- ☐ Student impact
- ☐ Employee impact
- ☐ Community impact
- ☐ Other (please specify _____)

Detailed procedures, if applicable.

Please provide forms, sample memorandums, and/or other support materials including research materials used.

Shared Governance Council Use Only

Date Received: _____

Disposition by Council:

- ☐ Council will review
- ☐ Referred back to submitter.

Reasoning: _____

- ☐ Forwarded/Referred to _____
- ☐ Referred to other (Please Specify) _____

Additional Notes:

Routing Action (To be completed by SGC):

Note: At any given step the document may be returned to the requestor/s if denied or if additional information is required.

Task	Date	Comments/Signature
Document received by Shared Governance Council		
Timeline Established		
Document Reviewed by Shared Governance Council		
Initial Revisions made by SGC		
Document sent by SGC to LCC employees for input		
Document sent to stakeholders for review		
Feedback received from stakeholders by SGC		
Final Draft Prepared by SGC		
Document sent for Legal Review – if applicable		
Legal Review Received (if applicable)		
Document Presented to Requestor		
Document forwarded by President’s office to employees, BOT and/or other entities as applicable		
Document filed in President’s office		

Final Outcome (To be completed by SGC):

- ☐ Review Made - No Change to Policy
- ☐ Review Made - Change accepted and will be presented to the President, BOT, and/or HR
- ☐ Review Made – Proposed revisions/solution to requestor
- ☐ Review Made - immediate implementation

Date

SGC Representative Signature