

Policy Implementation Checklist

Title of Policy: _____

Date Approved by Policy Committee: _____

Responsible Official or Designee _____

Policy Implementation Checklist			
	Yes/No	Action Step Planned	Completed
Procedures Needed			
Forms Necessary			
Communication to Employees Needed			
Communication to Managers Needed			
Responsibility for Training Arranged			

Signature of Responsible Official or Designee

Date