

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