



FLORIDA INTERNATIONAL UNIVERSITY POLICY FRAMEWORK

TABLE OF CONTENTS

- I. [Introduction](#)
 - A. Policy Framework Statement
 - B. Related Documents
 - C. Scope
 - D. Additional Information
 - E. Contact Information
- II. [Definitions](#)
- III. [Hierarchy](#)
 - A. Hierarchy Pyramid
 - B. Application of University Policy
 - C. Policy and Procedure Components
- IV. [Determine when to Update or Create a New University Instrument](#)
- V. [Potential Triggering Events for University Policy and Procedure Creation/Revision](#)
- VI. [Guidelines to assist in the development or modification of policies and procedures](#)
 - A. FIU Policies Should
 - B. FIU Procedures Should
 - C. Style and Presentation
- VII. [Policy Plan Checklist](#)
- VIII. [FIU Policy Development](#)
- IX. [Reporting and Communication](#)
- X. [Recordkeeping](#)



I. [Introduction](#)

A. Policy Framework Statement

The Florida International University (FIU) Policy Framework is the endorsed systematic approach for the development of University Policies and Procedures at FIU. The purpose of the Policy Framework is also to establish the process to develop, review, approve and archive University policies and procedures. The important elements of the Policy Framework are:

- Hierarchy,
- Policy Development (requirements for creating policy under the Hierarchy), and
- Definitions.

The Policy Framework articulates FIU's commitment to meeting best practice standards in policy administration. The University Policy Administrator (UPA), found in the Office of University Compliance and Integrity, is the contact person and one of the resources dedicated to carrying out policy-related responsibilities. An essential component of those responsibilities is ensuring policies are maintained in a consistent format and are located in the FIU Policies and Procedures Library website to be made available to the FIU Community.

B. Related Documents (these documents may be found on the [Policy Library](#) website or at the request of the Office of University Compliance and Integrity)

- FIU Policy and Procedure Template Guidance Document:
This guide provides tips for writing policies and procedures.
- FIU Policy and Procedure Template:
All FIU policies and procedures must follow a standard format found in the University policy and procedure template to ensure consistency.
- FIU Policy Plan Checklist:
Used as a tool by the UPA and the policy owner to determine how to classify the category of the policy and/or procedure thus determine who will review the policy and/or procedure.

C. Scope

This framework applies to the creation and maintenance of University policies and procedures, which are intended to:

- Apply to the FIU Community (Community) and its units, and/or
- Impact the decisions of a policy owner (in consultation with the Office of the General Counsel).

A University policy and procedure will remain enforced unless repealed and archived by the relevant policy owner in coordination with the Office of



University Compliance and Integrity and the Office of General Counsel (as no longer applicable) or superseded by another policy and/or procedure. Where structural changes to the University result in a different group of reviewers or a change in role referenced in a particular policy and/or procedure, the existing policy and/or procedure will remain in force until the policy and/or procedure is amended to reflect the new or amended position title or authority. Until such time as an amendment is made, the University President or a designee may nominate an alternate member of the Community to operationally undertake the authority associated with the particular policy and/or procedure action.

D. Additional Information

The Policy Framework provides detailed explanations and steps regarding the development, review, and any approved deviations from University policies and procedures. Templates for use in development of University policies and procedures are available on the FIU Office of University Compliance & Integrity website. Please refer to these templates linked within the [Policy Library](#) when developing or reviewing policies or procedures.

E. Contact Information:

- Office of University Compliance and Integrity
- Email: compliance@fiu.edu
- Phone: 305-348-2216

II. Definitions

Amendment: Proposed change(s) to policy and/or procedure, which was previously reviewed, are defined as “non-substantive” or “substantive.” There is a different review process depending on whether the amendment is non-substantive or substantive.

Attestation: An attestation is the process of confirming that an individual has read and understands a policy, training, or other compliance notification.

Compliance Liaison: Specified employee of varying management levels within the unit who spends between 5% and 10% of his or her work time supporting compliance and/or ethics initiatives.

FIU Community (Community): FIU divisions, colleges, faculty, staff, students, and certain affiliated individuals (as applicable). For example, certain affiliated individuals could include employees of on-campus stores, such as Barnes and Nobles.



Substantive Amendment: A substantive amendment to a policy and/or procedure is a change that is likely to affect or alter the responsibility of or the risk to all or some individuals, stakeholders, or systems. It also includes the altering of the effect, meaning or intent of the policy, procedure, and/or related policies.

Non-substantive Amendment: A non-substantive amendment to a policy and/or procedure is a change that does not alter the effect, responsibility, meaning or intent of all or any part of the policy and/or procedure. Examples of non-substantive amendments include but are not limited to a position or title change; updating links; or adding new or amending existing supporting documents.

Policy and/or Procedure Owner (PO): The department or individual(s) responsible for the subject matter of the policy and/or procedure and the administration/interpretation of a policy and/or procedure. They provide guidance to individuals or groups with questions or concerns about their policies or procedures. Policy owners or their designee will serve as the local or unit policy administrator who will interact with the University Policy Administrator (UPA) to ensure consistency and compliance with University policies and procedures.

Policy: Concise formal statements of principles that indicate how the University will act in a particular aspect of its operation. Policies regulate and direct organizational actions and employee conduct.

Procedure: A procedure describes in detail the process to implement a policy. A procedure supports a policy.

Regulations: Statements to guide the conduct or action of constituents, adopted by the University Board of Trustees. Regulations must be consistent with law and resolutions, and the strategic plan of the Florida Board of Governors. The University Compliance and Integrity Office is not responsible for the maintenance or recordkeeping of regulations.

Reviewers: The individual or individuals with the authority to review, request clarification or endorse a University Policy and/or Procedure (e.g., a Policy Owner or designee, the Office of the General Counsel, the Dean Advisory Council (DAC), the Operations Committee (OPS), the University President/Executive Committee, the FIU Board of Trustees (BOT)).

Stakeholder: Individuals or groups affected by a policy and/or its related procedures. They may include units responsible for implementing the policy, or individuals in similar positions or categories across FIU who must abide by the provisions of the policy and/or procedure.



Subject Matter Expert (SME): A person who has specific expertise of a particular area.

Supporting Documents: Additional information related to the policy and/or procedure that can be but is not limited to links and supplementary documents.

Unit: May be a division, department, college, school, center, or a business function at FIU.

Unit-specific Guidelines: The policies, protocols, standards, or internal operating procedures that guide the conduct of FIU faculty, staff, or students within a specific unit only. The unit-specific guidelines have limited applicability. A unit-specific guideline must be consistent with University Policies and Procedures, BOT regulations, and applicable law. Unit-specific guidelines must be identified as applicable to that unit only to avoid confusion with University Policies and Procedures. When referencing a University policy and procedure, it must include a link to the authoritative version. All information included in a University policy and procedure should be referenced via link and not restated as to keep information relevant as updates are made to University policies and procedures. Any information included in unit-specific guidelines will be superseded by official University Policies and may not otherwise conflict with those policies. Unit-specific guidelines are maintained and stored by individual units and are not included in the University Policy Library on the Office of University Compliance and Integrity website.

University Policy and Procedure: The standards that guide the conduct of the Community unless specifically exempted by the University President, a regulation, or a collective bargaining agreement. University policies and procedures generally involve more detailed matters of process and in certain cases matters not specifically addressed in applicable law or BOG or FIU Regulation. University policy and procedure may not conflict with the aforementioned. University policies and procedures are to be maintained and stored within the University Policy Library on the Office of University Compliance and Integrity website.

A University Policy generally must meet all three of the following criteria:

- Communicate a governing principle that mandates or limits actions;
- Be required by law, BOT and/or BOG regulation, or necessary to support the operational goals of FIU; and
- Have enterprise-wide application (as opposed to inter-departmental application).

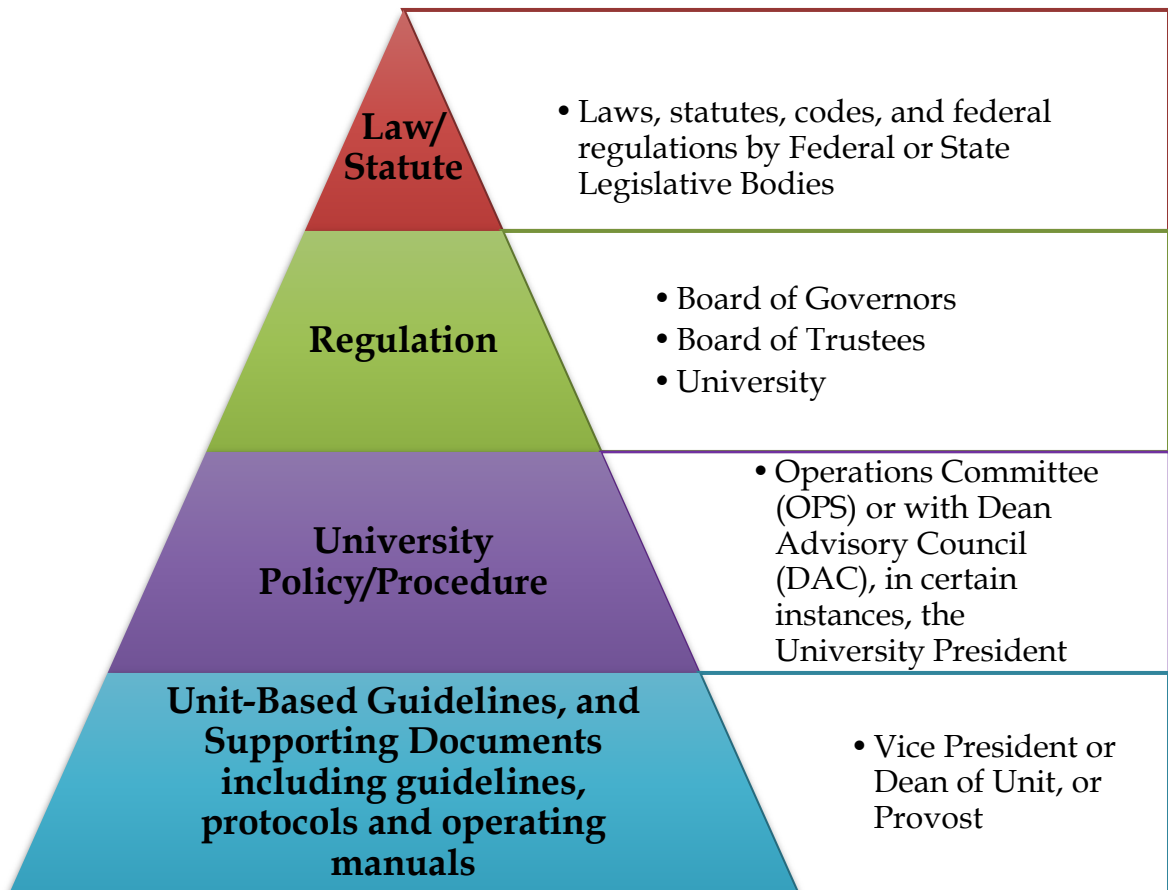
University Policy Administrator (UPA): The administrative staff within the FIU University Compliance and Integrity Office responsible for oversight of the policy development and approval process and for the storing of University Policies and Procedures on behalf of FIU.

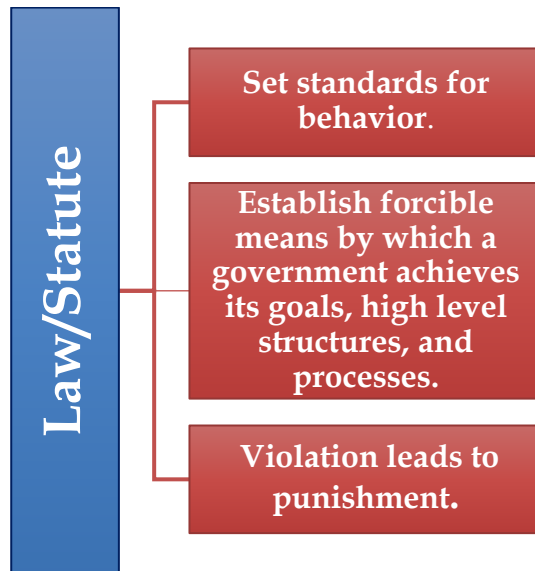
III. [Hierarchy](#)

A. Hierarchy Pyramid

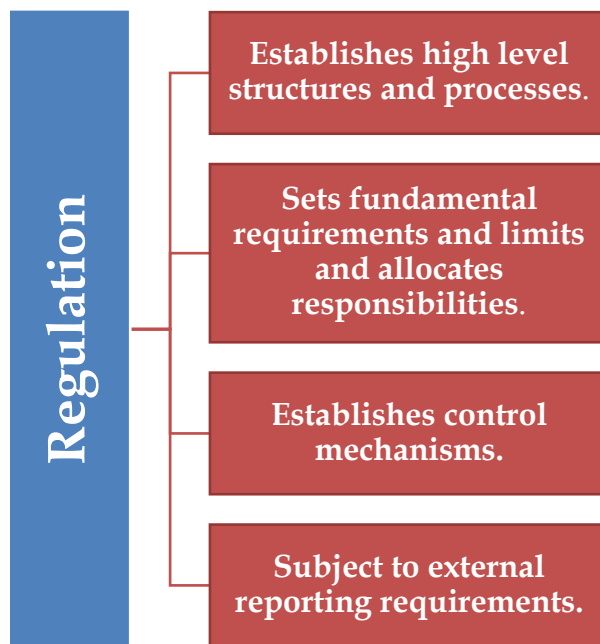
- FIU governs its operations through a hierarchy of instruments, which are reviewed by the entity listed to the right of the figure below. Each level in the hierarchy is in order of superiority. Content lower in the hierarchy must be consistent with content higher. The hierarchy of instruments are as follows:

Figure 1 Hierarchy Pyramid

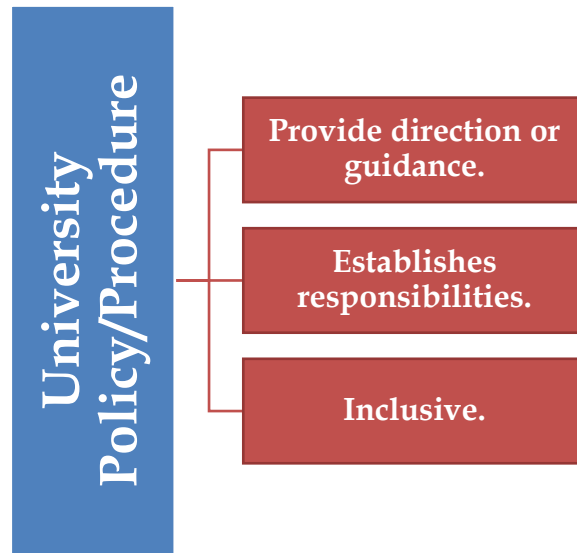




- **Law or Statute** is any system of rules created, enforced, or mandated by the federal government or the State of Florida. The Office of the General Counsel is responsible for providing legal advice to FIU.



- **Board of Trustees (BOT) Regulations** are approved by the FIU BOT (as required) upon recommendation and advisement from the University President, the General Counsel and/or the Florida Board of Governors [for example tuition, fees, and schedules]. BOT regulations have a distinct promulgation process.



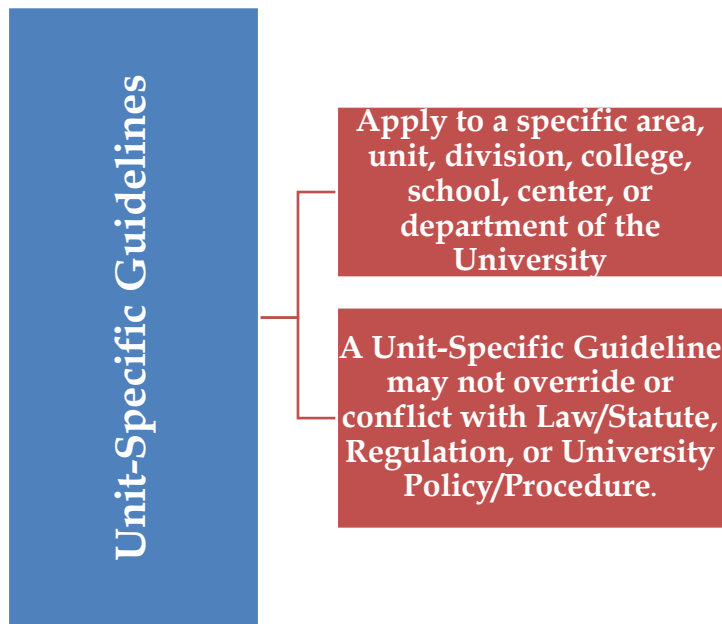
- **University policies** are reviewed and endorsed by the Operations Committee (OPS) and the Deans Advisory Council (DAC)

Endorsement Process

- OPS reviews and endorses all University Policies.
- DAC reviews and endorses policies that are academic in nature or impact faculty.
- Prior to submitting the policy to the Office of University Compliance and Integrity, the policy owner is responsible for obtaining all necessary unit stakeholder approvals and review and approval of the policy by the Office of General Counsel.
- Prior to submitting to DAC and OPS for endorsement, the policy owner, in consultation with the UPA may consider if additional approvals or presentations should be made to other University committees, as applicable (e.g., Faculty Senate, Chairs Advisory Council, Executive Committee, etc.). When a new policy is finalized by the policy owner, the policy is submitted to the Office of University Compliance and Integrity to commence the 14-day review and endorsement period with OPS. If the policy also requires endorsement by DAC, it is submitted to DAC simultaneously with OPS.
- During the review and endorsement period, OPS and/or DAC members are asked to either comment, request a presentation or a conversation with the policy owner (for further clarification noting the concern) or allow the review period to lapse without requesting changes or clarification for their endorsement.
- The Policy Owner will review the comments and determine if changes to the policy are appropriate and communicate any changes to the UPA.
- If the policy owner, or the Office of University Compliance and Integrity, in consultation with the Office of General Counsel, determines that a policy is of high

risk, the policy will be provided to the University President following OPS and DAC endorsement and prior to posting.

- The UPA will maintain a log of DAC and OPS endorsement dates and any documentation of review by the Office of General Counsel.
- If a shorter endorsement period becomes necessary due to legal or significant operational circumstances, the Chief Compliance Officer may shorten the endorsement process period, in consultation with the PO and Office of General Counsel. A written justification for the shortening of the endorsement period must be documented and maintained by the UPA.



- **Unit-Specific Guidelines** are approved by the Vice President (VP), Dean, or leadership member of the unit. Some units may also require review and approval by the Provost or the Provost's designee. A unit-specific guideline may never conflict with University Policy and Procedure, applicable law, or BOG or BOT regulation. They can, however, support the aforementioned. The absence of a University policy and procedure does not mean a process to satisfy applicable law or regulation governing the issue does not exist and or is not necessary.

A unit-specific guideline may be created by an individual unit in order to address standards that are specific to the unit (e.g., Health Insurance Portability and Accountability Act (HIPAA) guidelines within/specific to the College of Medicine that tie to the University policy addressing this topic).



Unit-specific guidelines are developed and approved by the unit. Unit-specific guidelines are applicable to their home units, or to functions over which that unit has authority. All individual unit-specific guidelines are subject to review by the owner for consistency with University Policies and/or Procedures and must be revised if any inconsistency is identified. Unit-specific guidelines will be superseded by official University Policies and may not otherwise conflict with those policies.

B. Application of University Policy

- University policy and procedure compliance is required for the University community, as applicable.
- The University may commence appropriate disciplinary action or seek other penalties if a member of the community fails to abide by a University policy and procedure that applies to them. University policies and procedures must be fairly and consistently applied. The appropriate notification method, training (if applicable), and target audience for each policy and procedure will be determined by the policy owner in consultation with the Office of University Compliance and Integrity.
- University community members are responsible for maintaining awareness of and familiarity with the official University policies posted in the University Policy Library that impact their role.

C. Policy and Procedure Components

- **Policy**
 - Concise formal statements of principles that indicate how the University will act in a particular aspect of its operation. Policies regulate and direct organizational actions and employee conduct.
 - A University Policy generally must meet the following criteria:
 - must communicate a governing principle that mandates or limits actions
 - must be required by law, BOG/BOT regulation, or is necessary to support the operational goals of FIU
 - must have enterprise-wide application (as opposed to inter-departmental/unit application)
 - are based on requirements made by local, state, and/or federal laws or regulations actions by members of the FIU community
 - have broad application throughout the University
 - embrace FIU's mission and reduce institutional risk
 - are focused on actionable "do's" and "dont's"



- govern the University's standards or principles for a specific business transaction or administrative practice that has broad application throughout FIU
- are responsive to changes in employee behavior and workflow
- **Procedures**
 - A procedure supports a policy by describing the process to implement a policy.
 - An example of a procedure is:

Daily Safety Checks of Building, Indoor and Outdoor Spaces and Equipment.

This procedure explains how safety checks are going to be carried out. The more specifically defined a procedure is, the easier it is for relevant persons to follow or implement.

For example: *All areas to be checked daily*

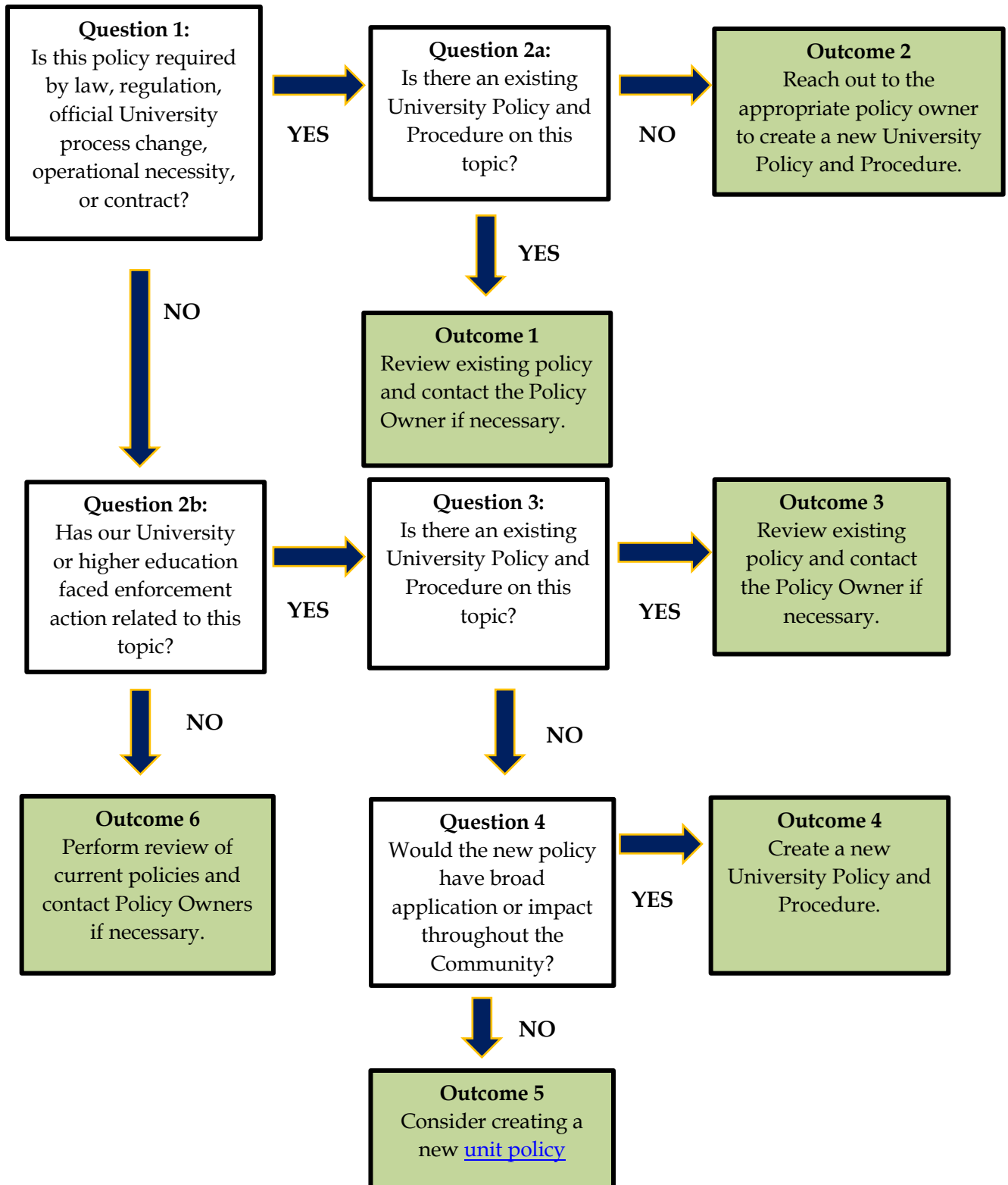
- *Staff on first shift to check building, spaces and equipment using appropriate materials and provide signed report*
- *All hazards to be reported to relevant staff member*
- Common work practices should be included in a procedure. They are statements that provide details on how a procedure is to be implemented common to the workplace.

For example: *Safety Check is conducted by the duty manager or their designee(s) at 7:10 am.*

- Procedures should be drafted, reviewed, and updated by policy owners and policy stakeholders.

IV. Determine When to Update or Create New University Policy and Procedure

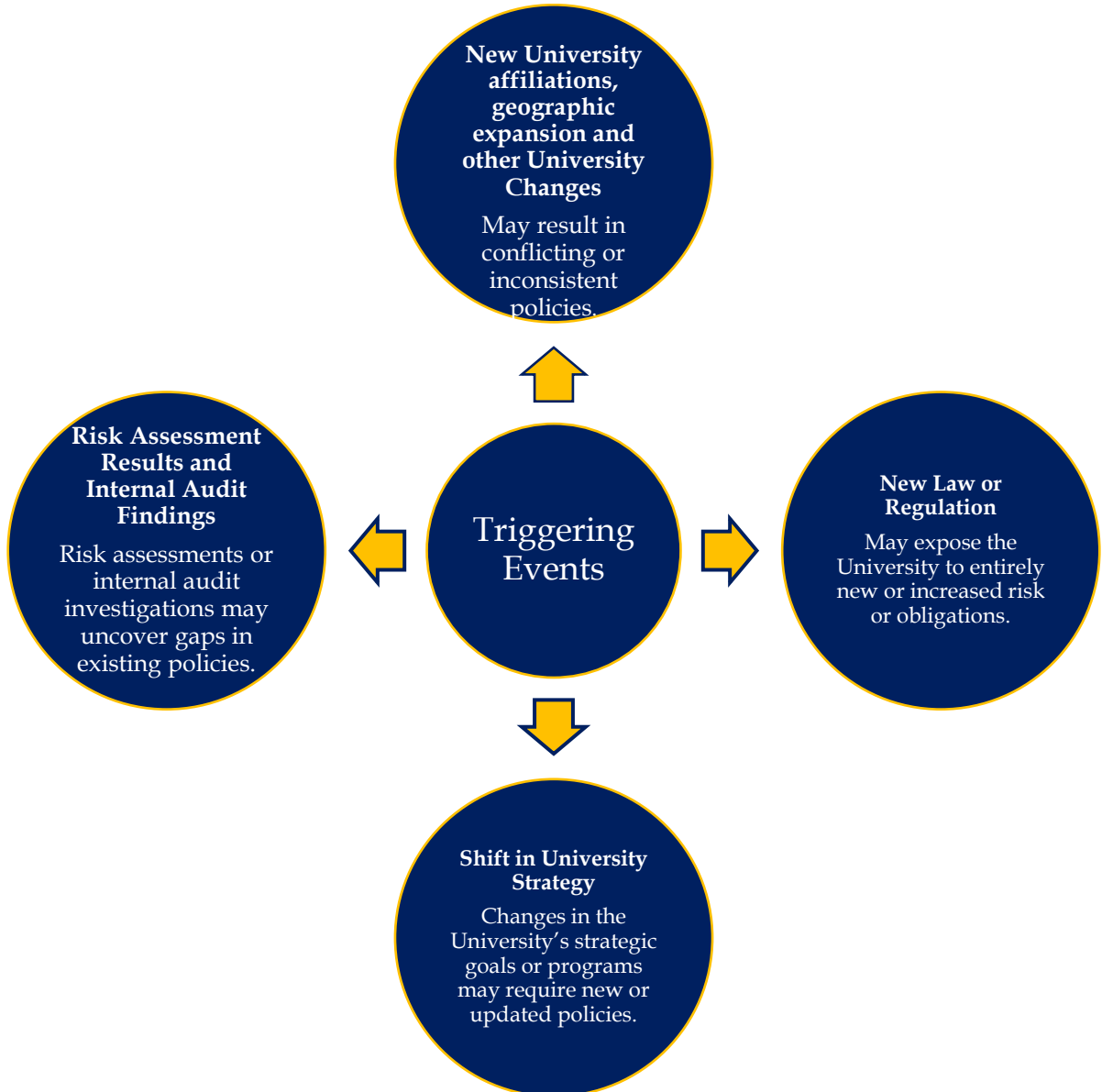
Figure 2 When to Update or Create New University Instrument



V. Potential Triggering Events for University Policy and Procedure Creation/Revision

The occurrence of triggering events may cause the need to create new policy or update existing policies at the University. Examples of triggering events include:

Figure 3 Triggering Events for Policy Creation/Revision





GUIDELINES

VI. Guidelines to assist in the development or modification of University Policies and Procedures

A. FIU Policies should:

- a. Communicate a governing principle that mandates or limits actions.
- b. Be required by law, regulation, or necessary to support the operational goals of FIU.
- c. Support the FIU mission, values, and strategic objectives.
- d. Be relevant and transparent in their intention and meaning and developed in consultation with relevant stakeholders in the Community.
- e. Comply with relevant regulatory/law requirements.
- f. Clearly articulate expectations.
- g. Assign authority for decisions under the policy.
- h. Have University-wide application (as opposed to inter-departmental application).
- i. Assign responsibility for actions required under the policy.
- j. Clearly articulate scope of the policy, reason for the policy, roles and responsibilities associated with the policy, applicable definitions, and related resources.
- k. Assign a policy owner who is accountable for reviewing the operation of the policy, and for monitoring its continuing relevance and impact on FIU activities.
- l. List the risks to be prevented.
- m. Include a review date, revision dates and applicable history.

B. FIU Procedures should:

- a. Align with applicable policies.
- b. Clearly articulate roles and responsibilities.
- c. Be periodically reviewed for applicability and improvement.
- d. Be updated when a change in policy, law, or operational requirements occurs.
- e. Not be unnecessarily burdensome.

C. Style and Presentation:

- a. All University policies and procedures will be developed in accordance with the FIU Policy Framework and the FIU policy and procedure template guidance document.



- b. All University policies and procedures must be drafted using the relevant template.
- c. All University policies and procedures will be published in the University Policies and Procedures Library.
- d. The UPA is the custodian of the FIU Policy Library and related policy development documentation.

VII. [Policy Plan Checklist](#)

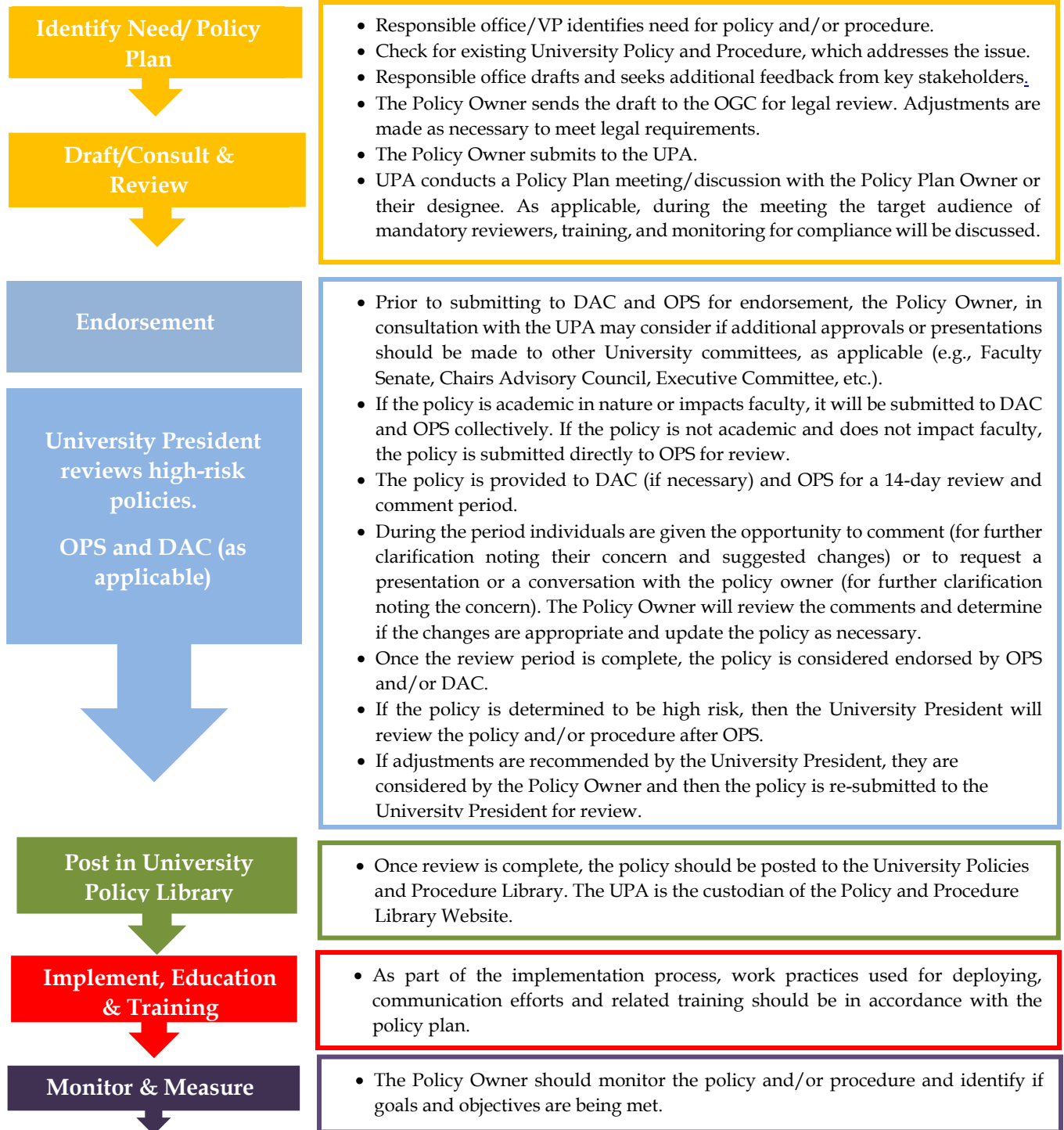
The Policy Plan Checklist is used as a tool by the UPA and the Policy Owner to determine how to classify the category of the policy and procedure thus determine who will review the policy and/or procedure. It is also used to identify the target audience for the policy and/or procedure, the associated training (if applicable) and how compliance will be monitored.

Policy Review

- Policy owners are responsible for the reviewing and updating of their policies on an as-needed basis.
- The Office of University Compliance will coordinate the review of all University policies every three years.

VIII. FIU Policy Development

Figure 4 FIU Policy Development



Review & Update

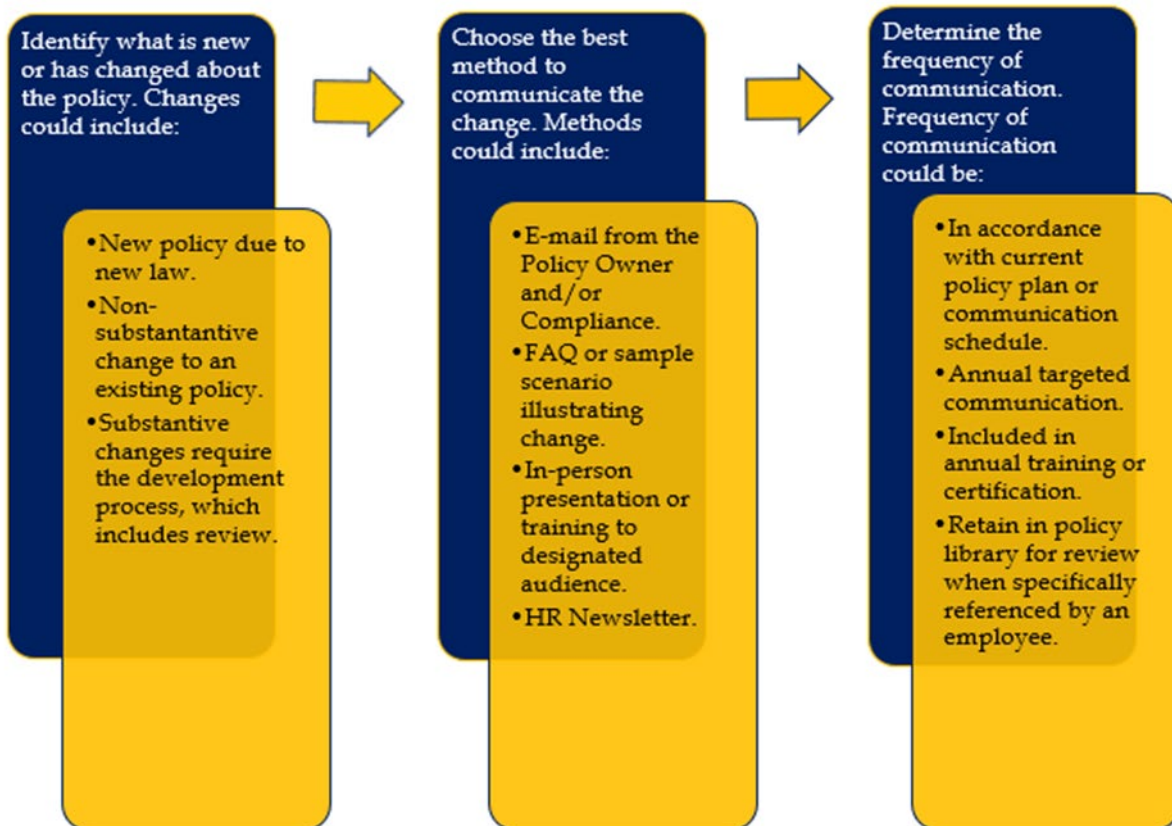
- As part of the three-year University policy review, an evaluation process will be put into place to ensure that:
 - Implemented policies are maintained and retained.
 - Gaps/risk are identified & the policy is redistributed appropriately.
- If an existing policy requires [amendment](#):
 - A non-substantive change may be made immediately by the [Policy Owner](#) and [UPA](#).
 - A substantive change requires review by the appropriate body.

IX. [Reporting and Communication](#)

- **Reporting to Dean Advisory Council (DAC)**
DAC members will be notified the policy and/or procedure is available for review and comment. They will be notified as to when the 14-day review and comment period begins and ends.
- **Reporting to Operations Committee (OPS)**
OPS members will be notified the policy and/or procedure is available for review and comment. They will be notified as to when the 14-day review and comment period begins and ends.
- **Reporting to The University President**
Policies deemed high risk by the policy owner, or the Office of University Compliance & Integrity, in consultation with the Office of General Counsel will be reviewed by the University President.
- **Communicate Policy Change**
Policy owners in consultation with the UPA should determine how updates to existing policies and/or procedures should be communicated to the University.

Figure 5 Communicating Policy Change

The below illustration tool can assist in determining the best approach to effectively communicate new policies and policy changes.



X. Recordkeeping

The Policy Owner is responsible for ensuring that the UPA is notified that the status of a policy and/or procedure has changed so that it may be endorsed, if necessary, and updated in the Policy Library. The UPA oversees the Policy Library and archived versions of policies.

To ensure that these policies and/or procedures are consistent with legal and internal business requirements, a centrally administered process will be followed which shall include:

- The scheduled review of policies and procedures.
- The elimination of policies which are obsolete or unnecessary.



Note that if a policy is repealed and archived, the accompanying procedure will be removed as well. Procedures do not exist without a policy. All policies will be maintained in accordance with University records retention policies.