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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, and withdraw University Policies and Procedures. The important elements of the Policy Framework are:

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

The Policy Framework articulates FIU’s commitment to being world’s ahead in policy administration. The University Policy Administrator (UPA) found in the Office of Compliance and Integrity is the contact and one of the resources dedicated to carry out policy-related responsibilities. An essential component of those responsibilities is accessibility, published policies in a consistent format, are maintained in the FIU Policies and Procedures Library website to satisfy accessibility.

B. **Related Documents**

- FIU Policy and Procedure Style Guide.
  The style 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 Glossary.

This glossary contains suggested definitions for terms that are commonly used in University Policies and Procedures and complements the definitions section included within a given University Policy or Procedure. The definition found within a University Policy and Procedure supersedes the definition within the FIU Policy Glossary. The FIU Policy Glossary is regularly updated and managed by the University Compliance and Integrity Office.

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 within the United States, and/or
- The decisions of a Policy Owner (PO) (in consultation with the Office of the General Counsel).

A University Policy and Procedure will remain in force unless repealed or archived by the relevant PO or superseded by another policy or procedure.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 or procedure, the existing policy or procedure will remain in force.
until the policy or procedure is amended to reflect the new or amended position title or authority. Until such time as an amendment is formally 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 or procedure action.

D. Additional Information
The Policy Framework provides detailed explanations and steps regarding the development, review, and deviations from University Policies and Procedures. Enclosed are appendices that include templates for use in development of University Policies and Procedures, which are also available on the FIU University Compliance & Integrity website. Please refer to these templates 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 or procedure, which was previously reviewed, are defined as “minor” or “major”, which are subject to different review processes.

**Attestation:** In general, attestation is the process of validating that something is true.

**Compliance Liaison:** Specified employee of varying management levels 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 visitors.

**Major Amendment:** A major amendment to a policy or procedure is a change that is likely to affect or alter the responsibility, risk, meaning or intent of all or any part of individuals, the policy, procedure or related policies, stakeholders, aligned procedures or systems.

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

**Policy Liaison:** Policy liaison(s) 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 and/or Procedure Owner (PO):** The individual or individuals responsible for the subject matter of the policy or procedure and the administration/interpretation of a policy or procedure. They provide guidance to individuals or groups with questions or concerns about individual policies or 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.

**Policy Reading/Review:** To read a policy.

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

**Regulations:** Statements of general applicability to guide the conduct or action of constituents or the public, adopted by the University Board of Trustees. Regulations must
be consistent with law and resolutions, and strategic plan of the Florida Board of Governors.

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

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

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

**Supporting Documents:** Additional information for the policy or procedure can be but are not limited to links and actual documents.

**Unit:** May be a division, department or a business function at FIU.

**Unit Policy:** The standards that guide the conduct of FIU faculty, staff or students within a unit. The policy has limited applicability. A Unit Policy must be consistent with University Policies and Procedures. Unit policies within divisions, colleges, and departments for purposes of clarity, consistency, and accuracy must be identified as division-level, college-level, or department-level; not conflict with University Policies and Procedures; and when referencing a University Policy and Procedure, link to the authoritative version.

**University Policy and Procedure:** The standards that guide the conduct of the community unless specifically exempted by the University President (President), a Regulation or a collective bargaining agreement. University Policies and Procedures generally involve more detailed matters of procedure and matters not specifically addressed in state law or BOG or FIU Regulation. University Policy and Procedure may not conflict with the aforementioned.

**University Policy Administrator (UPA):** The administrative staff within the FIU Compliance and Integrity Office responsible for the storing, implementing, and communicating on 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:

![Hierarchy Pyramid Diagram](image-url)
- **Law or Statute** is any statute, law, or act mandated by the federal government or the State of Florida. The Office of the General Counsel is responsible for providing legal advice to FIU.

- **Regulations** are approved by the FIU Board of Trustees upon recommendation and advisement from the University President, the General Counsel and/or the Florida Board of Governors [for example tuition, fees and schedules].
• The Dean Advisory Council (DAC) reviews and recommends policies that are academic in nature or impact faculty.
• If DAC endorsement is necessary then the policy is submitted to the Office of University Compliance and Integrity for a 14-day review and comment period. During the period DAC members will be asked to either comment, request a presentation (for further clarification noting the concern) or state that they request no changes or clarification.
• Once DAC endorses the policy, it is submitted to OPS for a 14-day review and comment period.
• Policies that are not academic or impact faculty go directly to OPS for a 14-day review and comment period. During the period, the University President and stakeholders may also comment, although they are not asked to do so. During the comment period, individuals will be asked to either comment, and/or request a presentation (for further clarification) and/or commitment that they request no changes or clarification.
• The PO will review the comments and determine if the changes are appropriate.
• If the instrument is a high risk or category “A” then the University President will review it after OPS.
**Unit Policy** is approved by the Vice President (VP), Dean or leadership member of the Unit. A unit policy or procedure can never conflict with University Policy and Procedure, legislation or regulation. They can, however, support the aforementioned. The absence of a University Policy and Procedure does not mean a process to satisfy legislation or regulation governing the issue does not exist and or is not necessary.

**B. Authorization and Classification**

- **University Policy and Procedure** compliance is mandatory for the community unless specifically exempted by the University President (President), a Regulation or a collective bargaining agreement.
- 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 training method for each policy and procedure will be provided to the appropriate target audience.
- A University Policy and Procedure is classified into one of three categories, as follows:
  - Category “A” High Risk
    - Compliance is required by law or regulation.
    - Enterprise risk management prioritized risk.
  - Category “B” Moderate Risk
    - Violation may result in significant reputation or financial damage to FIU.
    - Compliance is recommended based on best practices and/or industry standards.
- Is of importance to the University and its strategic goals.
- Operation is dependent on compliance
  - Category “C” Low Risk
    - Limited scope and applicability.
    - Violation will not result in significant reputation or financial damage to FIU.

C. University Instruments
- Each University Policy and Procedure has reviewers. An attachment or addendum to a policy or procedure form is a part of the relevant document and is subject to the same review process.
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Content</th>
<th>Who Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td>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.</td>
<td>DAC endorses academic policies or those that impact faculty to OPS. If the policy is not academic or impact faculty, OPS will review. If it is a category “A” then the University President will also review.</td>
</tr>
</tbody>
</table>
| **Procedures** | A procedure describes in detail the process to implement a policy. A procedure supports 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 area 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 work place. For example: *Safety Check is conducted by the duty manager or their designee(s) at 7:10 am.* | Senior Management Team, Specialist Managers and Working Groups. |
D. Types of Instruments (Governance-based and Management-Based)

**Figure 2 Categories of Policy Instruments**

- **Governance-Based**
  - Based on requirements made by local, state, and/or federal laws or regulations actions by members of the FIU Community (Community).
  - Has broad application throughout the university.
  - Embraces FIU’s mission and reduces institutional risk

- **Management-Based**
  - Focuses on actionable "do's" and "don'ts.
  - Governs the university’s standards or principles for a specific business transaction or administrative practice that has broad application throughout FIU.
  - Responsive to changes in employee behavior and workflow.

IV. **Individual Unit Policies and Procedures**

A unit policy and/or procedure 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) policies within the College of Medicine).

Unit policies are developed and approved by the unit. Unit policies are applicable to their home units, or to functions over which that unit has authority. All individual unit policies and/or procedures are subject to review by the unit’s policy liaison for consistency with University Policies and/or Procedures and must be revised if any inconsistency is identified.
V. **Determine when to Update or Create New University Instrument**

**Question 1:** Is this policy required by law, regulation or contract?

- **Outcome 1:** Review existing policy and contact the PO if necessary.

**Question 2a:** Is there an existing University Policy and Procedure on this topic?

- **Outcome 2:** Create a new University Policy and Procedure.

- **Outcome 3:** Review existing policy and contact the PO if necessary.

**Question 2b:** Has our University or higher education faced enforcement action related to this topic?

- **Outcome 4:** Create new unit policy.

**Question 3:** Is there an existing University Policy and Procedure on this topic?

- **Outcome 5:** Create new unit policy.

**Question 4:** Would the new policy have broad application or impact throughout the community?

- **Outcome 6:** Perform review of current policies and contact POs if necessary.

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*Figure 3 When to Update or Create New University Instrument*
VI. **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 4 Triggering Events for Policy Creation/Revision*

- **Mergers, Acquisitions, and other University Changes**
  - University change, such as a merger or acquisition, may result in conflicting or inconsistent policies.

- **Geographic Expansion**
  - Expansion into additional markets may expose the University to entirely new or increased risk.

- **Risk Assessment Results and Internal Audit Findings**
  - Risk assessments or internal audit investigations may uncover gaps in existing policies.

- **Shift in University Strategy**
  - Changes in the University’s strategic goals may require new or updated policies.
VII. **Guidelines to assist in the development or modification of University Policies and Procedures**

A. **FIU Policies** should:
   a. Support the FIU mission, values and strategic objectives.
   b. Be relevant and transparent in their intention and meaning and developed in consultation with relevant personnel in the community.
   c. Comply with relevant regulatory/law requirements.
   d. Clearly articulate expectations.
   e. Assign authority for decisions under the policy.
   f. Assign responsibility for actions required under the policy.
   g. Assign a policy liaison who is accountable for reviewing the operation of the policy, and for monitoring its continuing relevance and impact on FIU activities.
   h. List the risks to be prevented.
   i. Include a review date.
   j. Address how education and training of the policy will be accomplished. An opportunity for reinforcement must be provided.

B. **FIU Procedures** should:
   a. Align with applicable policies.
   b. Clearly articulate roles and responsibilities.
   c. Be reviewed for continuous applicability and improvement.
   d. 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 Guidelines for Writing Policies and Procedures. They must be drafted using the relevant template.
   b. All University Policies and Procedures will be published in the University Policies and Procedures Library.
   c. The UPA is the custodian of the Policy and Procedure Style Guide, the FIU Policy Glossary and FIU Policy Library.
VIII. **Policy Plan Checklist**

The Policy Plan Checklist is used as a tool by the UPA and the PO 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 training associated and how compliance will be monitored. Before implementing any new policy and/or procedure or updating an existing one, the following questions from the Policy Plan Checklist should be answered.

**A. Initial Evaluation**

- Is it required by law, regulation or contract?
- Will it have broad application throughout the University?
- What is the issue being targeted?
- What changes to the University’s culture and/or behaviors may be involved?
- Will it advance or reflect the University’s mission, vision or values?
- Are there any existing policies, procedures or regulations related to it?
- Will it mitigate institutional risks?
- Will it conserve resources?
- Will it promote operational efficiencies and reduce bureaucracy?
- What resources will be needed to implement it?
- Are there any mechanisms existing or needed to ensure compliance with it?

**B. Consequences and Implications of Non-Compliance?**

- Is there any of the following risks?
  - Accreditation Requirements
  - Financial Risk
  - Legal Risk
  - Operational Risk
  - Reputational Risk
  - Technological Risk
  - Societal Requirements

**C. Level of Risk Priority**

- Category A policies and procedures deal with high risks and have the following characteristics:
  - Compliance is required by law or regulation.
  - Enterprise risk management prioritized risk.
- Category B policies and procedures deal with mid risks and have the following characteristics:
  - Operations are dependent on compliance.
Policy is of importance to the University and its strategic goals.
Violation of the policy may result in significant reputation or financial damage to FIU.
Compliance is recommended based on best practice and/or industry standards.

- Category C policies and procedures deal with low risks and have the following characteristics:
  - Limited in scope and applicability.
  - Violation will not result in significant reputation or financial damage to FIU.

D. Policy Review Plan for Category A, B, or C Policies and Procedures
- Review plans should include the following:
  - Determine the frequency of reading/review by the target audience.
  - Determine the individuals that MUST review/read.
  - Determine the individuals that SHOULD review/read.

E. Communication Plan Components to Consider
- The Communication component of the plan should address the initial communication, additional communications and reminders that will be sent to the target audience to review/read Category A, B, or C policies and procedures.
- Components of the communication plan to consider:
  - Who will send the communication and how?
  - When will the communication be sent?
  - Frequency of the communication.
  - Type of communication or reminder.
  - Indicate when and how important messages will be reinforced prior to the next training.
  - Links to related materials (e.g. forms, policies, procedures, delegations of authority).

F. Attestation
- Attestations will be required for the target audience of mandatory reviewers/readers (individuals that MUST review/read) of all Category A and B.
- Category C attestation can be tracked and documented at the unit or by the University Compliance and Integrity Office. Note that if Convercent is used to distribute the policy and/or procedure to the target audience of mandatory reviewers/readers (individuals that MUST review/read), attestation is required.
G. Training

- The training plan should include the following for Category A and B policies and/or procedures:
  - Identity the person or unit responsible for conducting the training on the policy.
  - Training dates.
  - Frequency of trainings.
  - Date that trainings will be reviewed to determine if updates and revisions are needed.
  - How training will be conducted (In person or on-line etc.).
  - How completion of training will be documented and logged.

- For Category C policies and/or procedures it is recommended that a training plan for periodic training be developed and managed at the unit.

H. Monitoring Plans

- The monitoring plan for Category A and B should include:
  - How and when monitoring for compliance will be conducted.
  - How and when monitoring for compliance be evaluated.
  - Who will be responsible for monitoring activities?
  - What type of monitoring support may be needed from the Compliance and Integrity Office?
  - Encourage regular input by end users.
  - Scheduled comprehensive reconciliation, for example every two, three, four or five years.
  - Identify policy gaps/risk.

- It is recommended that a monitoring plan for Category C be developed and managed at the unit.

I. Audit Plans

- The audit plan for Category A and B should include:
  - An audit cycle of at least every three years.
  - What compliance failures should trigger an internal audit?

- The audit plan for Category C should include:
  - Audit cycle and schedule.

J. Investigation and Enforcement of Violations

- Category A and B policy violations will be investigated and enforced using University resources and there will be appropriate consequences for non-compliance.

- Coordination of enforcement for Category C policy violations will use the unit and other University resources.
K. Reporting Plan Components

- Cycle and frequency for reporting compliance with the components of the plans referenced above.
- Reporting obligations to the Compliance and Integrity Office for specific compliance failures
- Types of violations to be escalated to the Compliance and Integrity Office, Leadership or the Board of Trustees.
- Triggers because of risk indicators that would require parallel reporting to other areas, including IT, Internal Audit, Office of the General Counsel (OGC), etc.
Responsible office/VP determines need for policy and/or procedure.

Check for existing University Policy and Procedure, which addresses the issue.

Responsible office drafts and seeks additional feedback from members of the community, stakeholders and then submits it to the UPA.

UPA conducts a Policy Plan meeting with the Policy Plan Owner or their designee. During the meeting the target audience of mandatory reviewers/readers, training and monitoring for compliance will be discussed.

The UPA sends the draft to the OGC for legal review. Adjustments are made until it meets legal requirements.

The policy and/or procedure must be endorsed by the PO and submitted to the FIU University Compliance & Integrity Office for review.

DAC recommends academic policies or those that impact faculty to OPS. If the policy is not academic or impact faculty, the policy is submitted directly to OPS for review.

If DAC recommendation is necessary, the policy is provided to DAC for a 14 day review and comment period.

If the policy is recommended by DAC, it is then provided to OPS for another 14 day review and comment.

During the periods The University President and stakeholders may also comment although they are not required to do so.

During the period individuals will be asked to either comment, request a presentation (for further clarification noting their concern) or state that they request no changes or clarification. The PO will review the comments and determine if the changes are appropriate.

If changes are made then the policy and/or procedure will be resubmitted to the appropriate body for another 14 day review and comment period.

If the policy is a Category A then the University President will review the policy and/or procedure after OPS.

If adjustments are recommended by the University President, they are considered by the PO and then the policy is re-submitted to the University.

Once review is complete, the policy should be posted to the University Policies and Procedure Library. The UPA is the custodian of the Policy and Procedure Style Guide, the FIU Policy Glossary and the Policy and Procedure Library Website.

As part of the implementation process, work practices used for deploying, communication efforts and related training should be in accordance with the policy plan.

Monitor the policy and/or procedure and identify if goals and objectives are being met.

An evaluation process will be put into place to ensure:

- Implemented policies are maintained and retained.
- Gaps/risk are identified & the policy is redistributed appropriately.

If an existing policy and/or procedure requires amendment:

- A minor amendment may be made immediately by the PO and UPA.
- A major amendment requires review by the appropriate body.
X. 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. The 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. The will be notified as to when the 14-day review and comment period begins and ends.

- Reporting to The University President
  High-risk items meeting the requirements of Category A must be reviewed by the University President. That Category A items are submitted to the UPA after the completion of the review and comment period by the OPS Committee.

- Communicate Policy Change
  Explains how updates to existing policies and/or procedures should be communicated at the University.
Figure 6 Communicating Policy Change
Identify what has changed about the policy. Changes could include:

- Minor change to an existing policy.
- Major changes require the development process, which includes review.

Choose the best method to communicate the change. Methods could include:

- E-mail from OGC or Compliance or the PO.
- FAQ or sample scenario illustrating change.
- In-person training or online training on change.

Determine the frequency of communication. Frequency of communication could be:

- In accordance with current policy plan communication schedule.
- Annual.
- Quarterly update.
- Included in annual training or certification.
XI. **Recordkeeping**
Accurate records must be kept for each stage of the policy and/or procedure development process in accordance with this Policy Framework. Upon adoption, a policy and/or procedure becomes a University record. The PO and/or the Policy Liaison is responsible for ensuring that the UPA is notified that the status of a policy and/or procedure has changed, or the decision recorded in minutes in the case of regulations approved by The Florida International University Board of Trustees. In addition, the UPA ensures that all necessary documentation is transferred to the University’s recordkeeping system.

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 archived or eliminated, the accompanying procedure will be removed as well. Procedures do not exist without a policy.

XII. **Deviations**
Deviations are contrary to a current University Policy and Procedure. If requested, the General Counsel and University Compliance & Integrity Offices will work with cross-functional partners to assess the need for the deviation.

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**Question 1:**
Are the deviations from University Policy and Procedure within a permitted area?

- Yes. Deviations are permitted
- No. Deviations are Not Permitted

**Outcome**
Any deviation would require explicit approval from Legal, Compliance or designee.

**Question 2:**
How many employees are affected by the deviation?

- Employees in entire Unit or Location
- One Employee or Small Group of Employees

**Outcome**
Document any exception for those employees.

**Outcome**
The employee will fill out the necessary exception form and submit it to the Approver.

**Outcome**
The PO will note exception during the existing code or policy certification process.

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