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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A [University Policy and Procedure](#) will remain in force unless repealed or archived by the relevant [PO](#) or superseded by another [policy](#) or [procedure](#).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](mailto: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 [PO](#) 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.

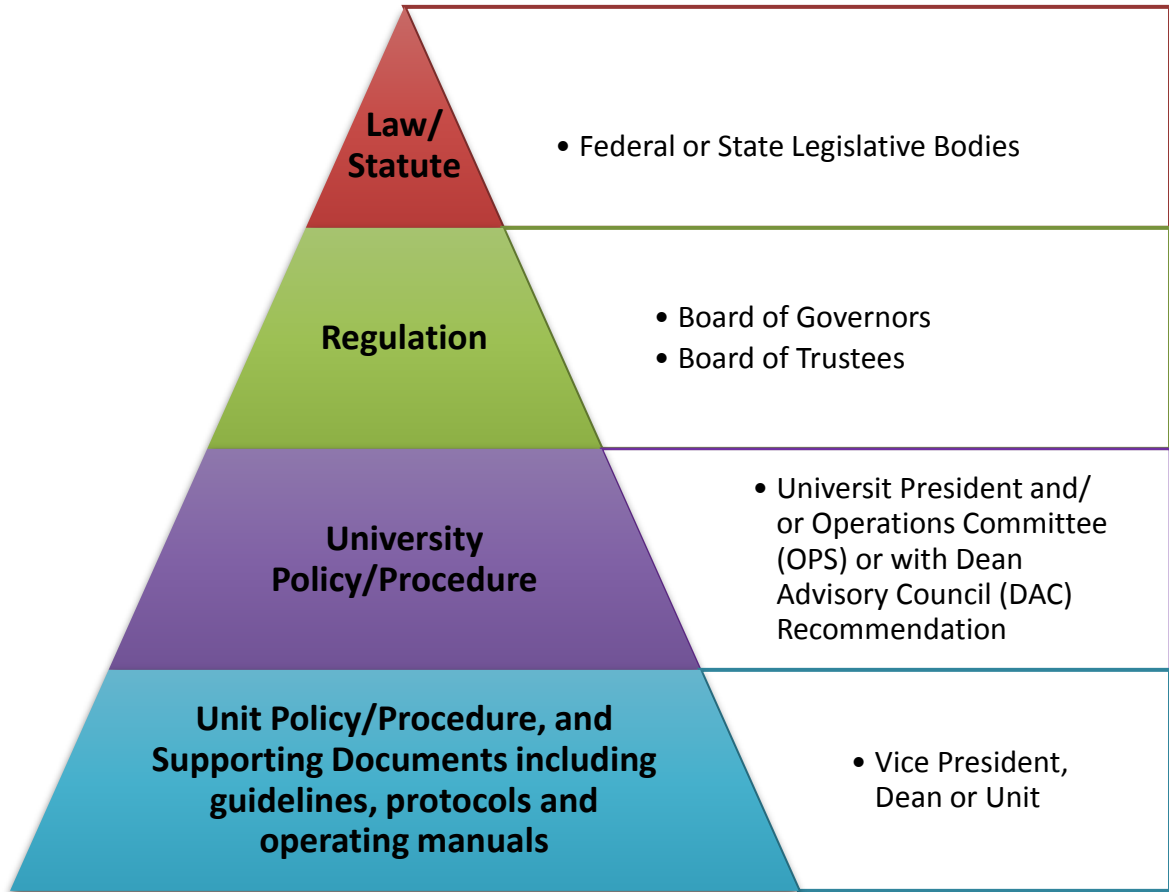
**University Policy Administrator (UPA):** The administrative staff within the FIU Compliance and Integrity Office responsible for the storing, implementing, and communicating on [University Policies and Procedures](#) on behalf of FIU.

### III. Hierarchy

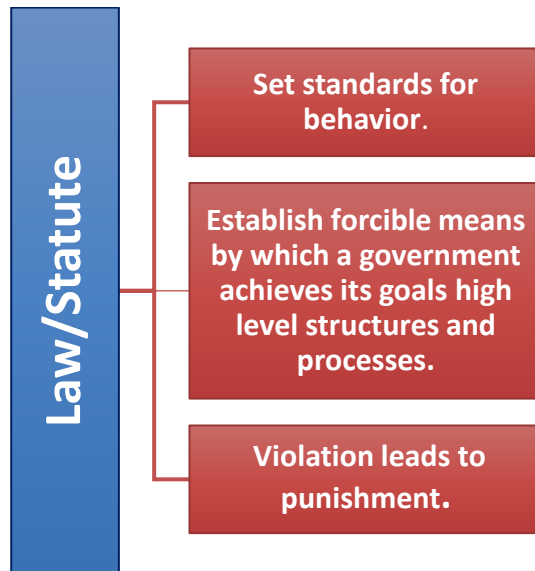
#### A. Hierarchy Pyramid

- 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:

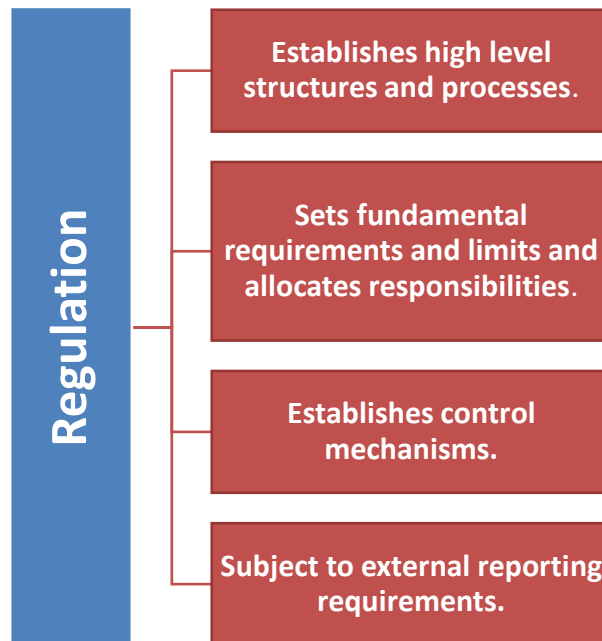
*Figure 1 Hierarchy Pyramid*



# FIU

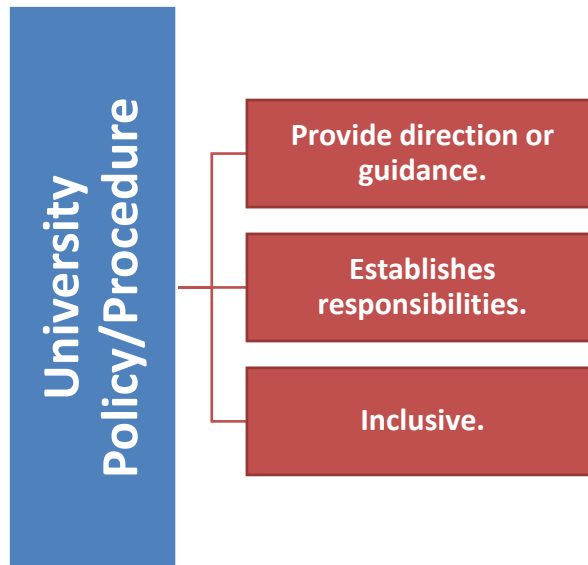


- **Law or Statute** is any statute, law, or act mandated by the federal government or the State of Florida. The Office of the General Counsel is responsible for providing legal advice to FIU.

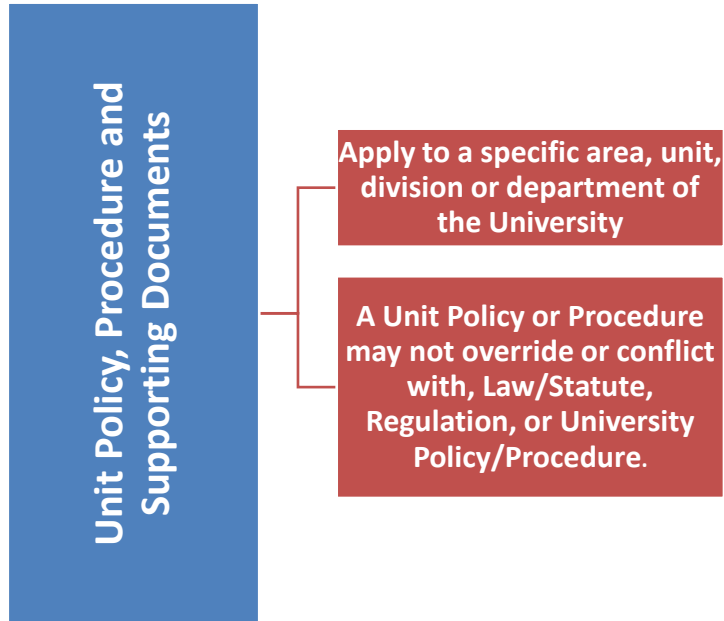


- **Regulations** are approved by the FIU Board of Trustees upon recommendation and advisement from the University President, the General Counsel and/or the Florida Board of Governors [for example tuition, fees and schedules].





- 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**

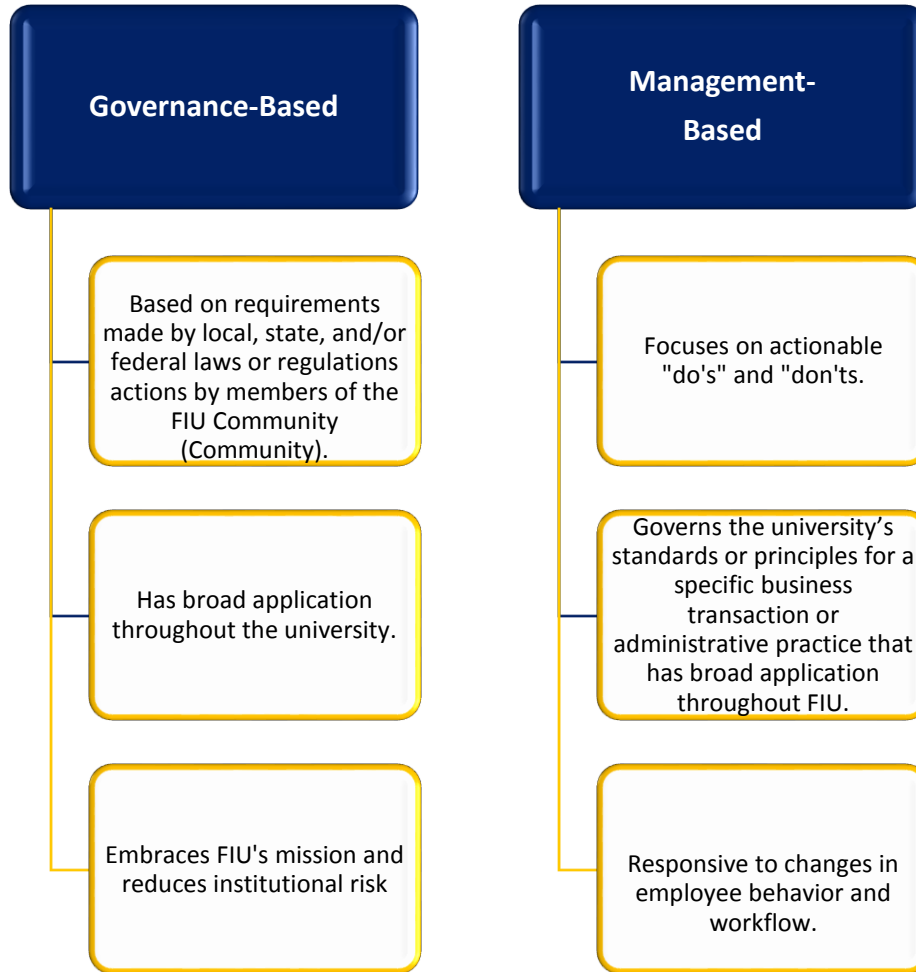
- Each [University Policy and Procedure](#) has [reviewers](#). An attachment or addendum to a [policy](#) or [procedure](#) form is a part of the relevant document and is subject to the same review process.

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Instrument	Content	Who <u>Reviews</u>
<p><u>Policy</u></p>	<p>Concise formal statements of principles that indicate how the University will act in a particular aspect of its operation. <u>Policies</u> regulate and direct organizational actions and employee conduct.</p>	<p>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.</p>
<p><u>Procedures</u></p>	<p>A <u>procedure</u> describes in detail the process to implement a <u>policy</u>. A procedure supports a policy.            An example of a procedure is:  <i>Daily Safety Checks of Building, Indoor and Outdoor Spaces and Equipment.</i>            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: <i>All area to be checked daily</i></p> <ul style="list-style-type: none"> <li>• <i>Staff on first shift to check building, spaces and equipment using appropriate materials and provide signed report</i></li> <li>• <i>All hazards to be reported to relevant staff member</i></li> </ul> <p>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: <i>Safety Check is conducted by the duty manager or their designee(s) at 7:10 am.</i></p>	<p>Senior Management Team, Specialist Managers and Working Groups.</p>

## D. Types of Instruments (Governance-based and Management-Based)

*Figure 2 Categories of Policy Instruments*

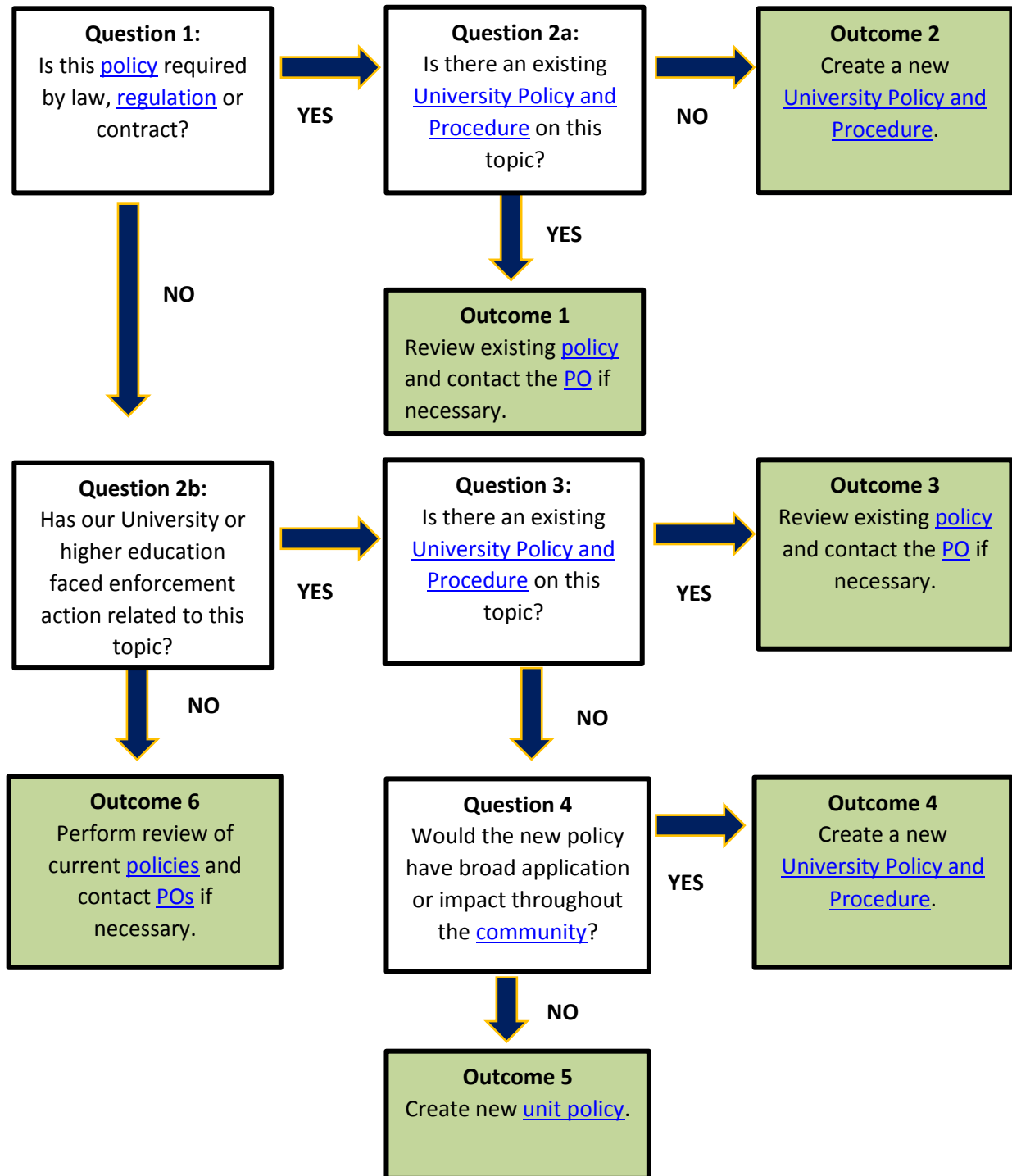


### IV. Individual Unit Policies and Procedures

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



*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*





## 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](#):
  - Identify 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.

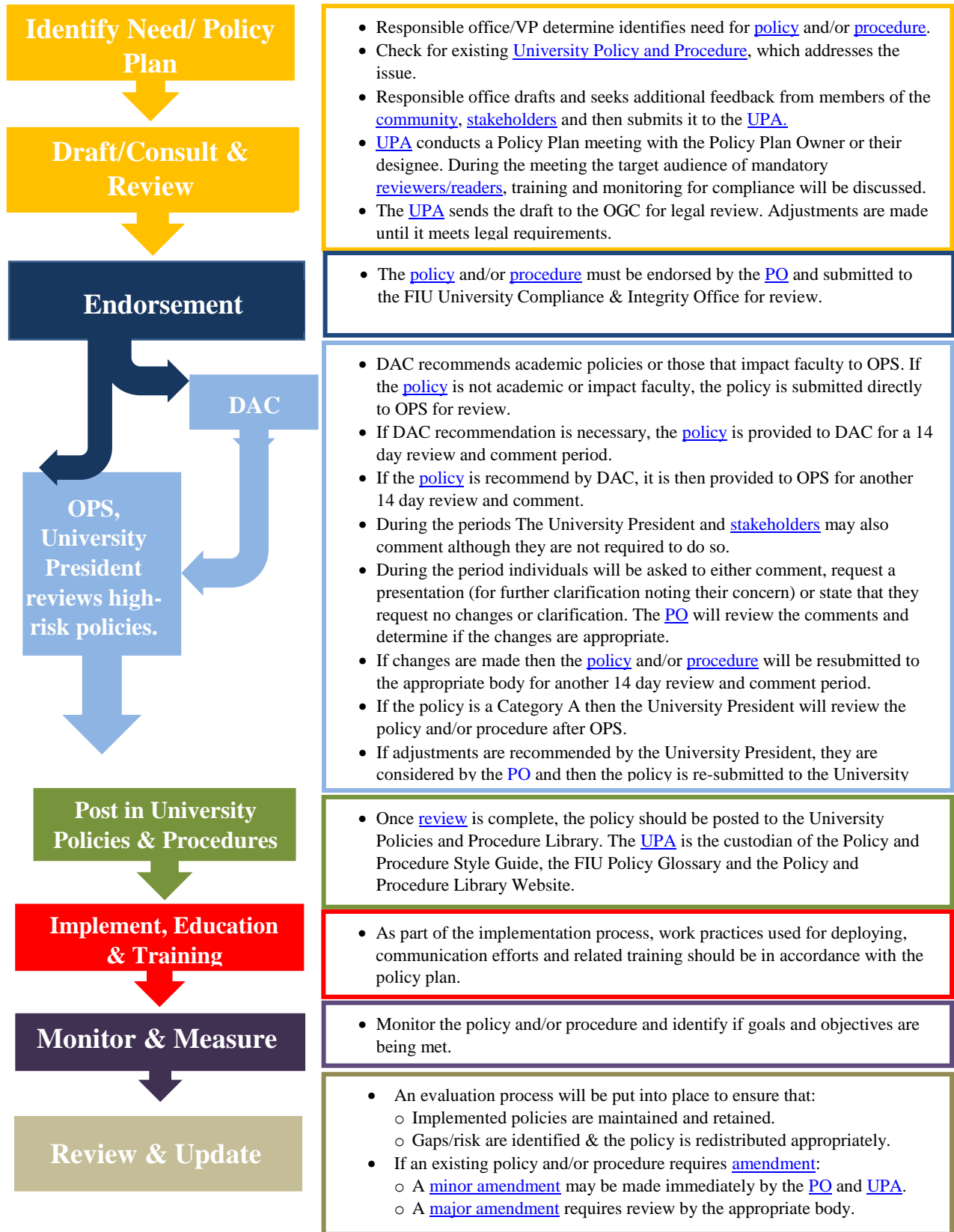


#### **K. Reporting Plan Components**

- 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.

## IX. FIU Policy Development

Figure 5 FIU Policy Development



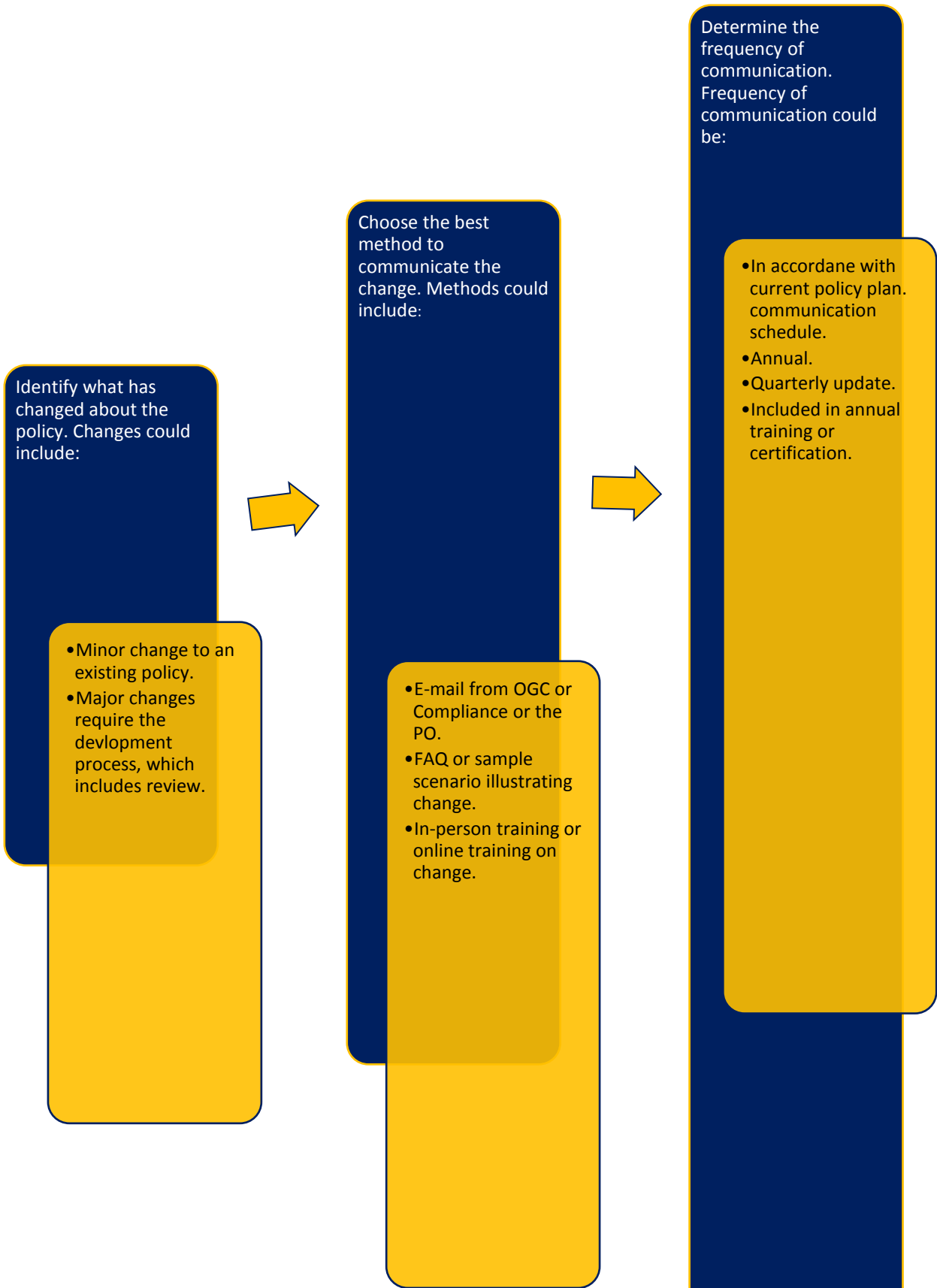


X. **Reporting and Communication**

- **Reporting to Dean Advisory Council (DAC)**  
DAC members will be notified the [policy](#) and/or [procedure](#) is available for review and comment. 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**  
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*





## 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.

*Figure 7 Policy Deviations*

