MISSISSIPPI STATE UNIVERSITY

OPERATING POLICY AND PROCEDURE SYSTEM

Purpose

The University Operating Policy and Procedure system was developed to standardize university operating policies and procedures (OPs) and to provide a consistent and coherent method of defining university policies. The system is intended to:

- Provide a pattern for developing policies and procedures;
- Outline a standard format for policies and procedures;
- Maintain a current and easily accessible online manual for all university policies and procedures;
- Provide notification of policy and procedure changes to the university community;
- Facilitate continuity regardless of personnel assignments changes; and,
- Ensure the timely review and updating of all university policies and procedures.

Policy

All Mississippi State University policies and procedures must comply with the conditions and procedures that are outlined in this document, which defines a policy, explains the standardized policy format, outlines the steps for formulating, approving, revising, and reviewing policies and procedures.

Procedure

I.   Policy Defined
     A policy is a written statement that has been approved by the President and describes the university's stance on a particular subject and/or its response to a specific situation.

II. Format
     Although substance is more important than style, the format of new OPs should be clear enough to reflect its intended objective. All OPs will have the following five major sections:

     - Purpose
     - Policy
     - Procedure
     - Review
     - Authorization

     A. The *Purpose* section should provide a rationale for the policy. The rationale might be a reference to a legal requirement, a statement of the goals which the OP is attempting to facilitate, or some other description of the reasons for the implementation of the policy.

B. The *Policy* section should provide a brief general description of the university's stance on particular subjects and/or its response to specific situations.

C. The *Procedure* section should explain the specifics of implementation (who, what, when, where, and how) of the policy.

D. The *Review* section should specify the Responsible Executive (Direct report of the President) for the OP and the date the review takes place.

E. The *Authorization* section should provide signature lines for those individuals responsible for the OP's recommendation, review, and approval. The policy should be signed by the Responsible Executive who is recommending the policy, the Director of Internal Audit and General Counsel as reviewers of policy, and the President for approval.

III. Development of an Operating Policy/Procedure (OP)
   A. Anyone at Mississippi State University may propose a new policy/procedure, or a revision to an existing one, by routing the suggestion (in the proper format) through administrative channels for review and approval.

   B. The flow for the creation of a new OP is illustrated below:
      1. The individual submits the proposal to his/her supervisor.
      2. The supervisor reviews and may recommend to the next higher level within the division's administrative channel until the proposal reaches the Responsible Executive to whom he/she is accountable.
      3. The Responsible Executive reviews the proposal and requests that a draft OP be developed by the appropriate person(s).
      4. Upon completion of the draft OP, the Responsible Executive submits the draft OP to the Office of Internal Audit for review to ensure compliance with existing OPs and applicable federal, state, and Board of Trustee's regulations.
      5. After review, the Office of Internal Audit forwards the draft OP to General Counsel for legal review.
      6. When the finalized draft OP has cleared General Counsel, the Responsible Executive places the proposed OP on the Executive Council's agenda for review. The proposed OP should be accompanied by a statement of reason(s) for and the expected impact of the proposed policy.
      7. Executive Council members will have two weeks to review the OP with their respective divisional personnel and submit suggested changes in writing to the Responsible Executive. Substantive changes must be accompanied by a justification or rationale for the change. If there is a question whether or not a change is substantive, it should be treated as substantive. Failure to respond within two weeks will be considered an acceptance of the draft.
      8. The Responsible Executive, in consultation with Internal Audit and General Counsel, will determine which changes, if any, to include in the draft policy. The revised draft policy will be presented to the President for review and approval as soon as possible.

C. Upon approval by the President, the original signed policy is to be forwarded to the Office of Internal Audit and a copy sent to the Responsible Executive. The Office of Internal Audit will appropriately number, format, and maintain the policy on the Official University Operating Policy and Procedure web page. At the beginning of each month the Office of Internal Audit shall inform the President, Vice Presidents, General Counsel, Deans, Directors and Department Heads of all policy changes made during the preceding month.

D. Upon notice of a new policy, the President, Vice Presidents, General Counsel, Deans, Directors and Department Heads shall inform those within their division/unit of the new policy. All University brochures, pamphlets, web pages, or other literature/information affected by the new policy are to be updated as soon as possible.

IV. Review and Revision of an Operating Policy/Procedure (OP)
  A. To maintain an effective set of operating policies and procedures, all OPs must have a regular schedule of review and revision. The Responsible Executive and the timing of the review shall be specified with all OPs being reviewed at a minimum of once every four years.

  B. An OP can be revised at any time, not just during its normal review process. Anyone wishing to recommend revisions should forward a written suggestion through channels to the appropriate Responsible Executive. If an OP should be revised or canceled before the regular review cycle, the memorandum for the suggestion should indicate clearly why the author suggests the review should be undertaken immediately.

  C. When revision is necessary, the Responsible Executive will follow section III., "Development of an Operating Policy/Procedure (OP)."

  D. When an OP is revised, it is reissued with a notation "Revised (date)" placed in the lower right corner below the OP number and original issue date.

  E. When reviewed OPs require no substantive revision, the Responsible Executive will, within ninety days of the specified review date, forward a signed copy of the reviewed OP with a notation "Reviewed (date)" placed in the lower right corner below the OP number and original issue date to the Office of Internal Audit for review. The Office of Internal Audit will review, sign, and forward the draft OP to General Counsel for legal review. Once the OP has been reviewed and signed by General Counsel it will be forwarded to the President for review and approval. Upon approval by the President, the original signed policy is to be forwarded to the Office of Internal Audit and a copy sent to the Responsible Executive.

  F. OPs that have not been revised or reviewed within four years will be automatically forwarded to the President for consideration for rescission at the end of ninety days.

G. The Office of Internal Audit shall be responsible for and have authority to make minor or routine changes to policy, such as the updating of a title or department name listed in a policy or the correction of typographical errors. Minor changes shall be made with the consultation and agreement of the Responsible Executive for review of as is indicated in the Review section of the policy.

H. Certain information within an OP may become obsolete due to changes in legislation or other higher authority; organizational structure; or administrative initiative. When such information is not open for interpretation or debate, the document will not be subject to the standard review process. Instead, it will be revised and submitted directly to the individuals indicated in the *Authorization* section for approval signature.

V. Authority

A. Should there be or should there occur at any time a conflict between an OP and a document of a higher authority (e.g., federal law, state law, policies/bi-laws of the Board of Trustees), the document of higher authority will prevail.

B. Should there occur at any time a conflict between two OPs, the most recently approved OP will prevail.

C. Should there occur at any time a conflict between an OP and any other written or oral statement developed by any operating unit at the university, the OP will prevail.

VI. Identification Plan

Operating policies/procedures will be classified and numbered according to the following plan.

First Two Digits of Number	Description
Presidential Matters (Volume 1)	
01	General
02	Board of Trustees Bylaws and Policies
03	Affirmative Action
04	Internal Audit
05	Intercollegiate Athletics
06	General Counsel
Academic Affairs (Volume 2)	
10	General
11	Academic Program
12	Academic Policies/Students
13	Academic Policies/Faculty

Research and Economic Development (Volume 7)

Students Affairs (Volume 8)

VII. <u>Policy Retention, Access, and Copies</u>

    A. The Office of Internal Audit shall be the repository of all original policies signed by the President.

    B. Operating Policies and Procedures shall be available to all students, faculty and staff through the University Operating Policy and Procedure web page maintained by the Office of Internal Audit.

<u>Review</u>

The Director of Internal Audit is responsible for the review of this OP every four years (or whenever circumstances require immediate review).

Effective: 07/13/92
Revised: 10/04/11

Authorization

REVIEWED BY:

/s/ Lesia Bryant   09/20/11
Director of Internal Audit   Date

/s/ Joan L. Lucas   09/22/11
General Counsel   Date

APPROVED:

/s/ Mark Keenum   10/04/11
President   Date