**BASIC POLICY PROCEDURE**

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| **Company Name** | **YOUR LOGO** |
| 123 Company Address Drive |
| Fourth Floor, Suite 412 |
| Company City, NY 11101 |
| 321-654-9870 |
|  |  |  |  |  |  |
| **POLICY NAME** |   | **POLICY NO.** |   |
| **EFFECTIVE DATE** |   | **DATE OF LAST REVISION** |   | **VERSION NO.**  |   |
|  |
| **ADMINISTRATOR RESPONSIBLE** |   | **CONTACT INFORMATION** |   |
| **APPLIES TO** Apply group names to define applicable areas of staff. |
| GROUP 1 |  | GROUP 2 |  | GROUP 3 |  |
| GROUP 4 |  | GROUP 5 |  | GROUP 6 |  |
|  |  |  |  |  |  |

| VERSION HISTORY |
| --- |
| VERSION | APPROVED BY | REVISION DATE | DESCRIPTION OF CHANGE | AUTHOR |
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**APPROVAL AND REVIEW**

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**ADDITIONAL NOTES**

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**SCOPE**

Describe to what and to whom this policy applies.

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**POLICY STATEMENT**

Describe the policy and the reason for the policy.

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**TERMS AND DEFINITIONS**

Define any acronyms, jargon, or terms that might have multiple meanings.

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| **TERM** | **DEFINITION** |
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**POLICY SECTIONS**

Policy intro:

**POLICY SECTION ONE NAME**

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**POLICY SECTION TWO NAME**

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**POLICY SECTION THREE NAME**

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**EXCEPTIONS**

Describe exceptions here.

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**RELATED POLICIES AND OTHER REFERENCES**

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**ROLES AND RESPONSIBILITIES**

List the job titles and business offices directly responsible for the policy.

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| **ROLE** | **RESPONSIBILITY** |
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**CONTACTS**

List contacts in the table.

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| --- | --- | --- | --- |
| **SUBJECT** | **CONTACT** | **PHONE** | **EMAIL** |
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