

POLICY AND PROCEDURE TEMPLATE

I. DOCUMENT CONTROL INFORMATION

Company Name: _____

Department: _____

Policy Title: _____

Policy Number: _____

Version Number: _____

II. DATES AND APPROVALS

Effective Date: _____ day of _____, 20____

Next Review Date: _____ day of _____, 20____

Approved By:

Name: _____

Title: _____

Signature: _____

Date: _____ day of _____, 20____

III. PURPOSE

The purpose of this policy is:

IV. SCOPE

This policy applies to the following personnel, departments, or operations:

Departments:

- ☐ Accounting / Finance
- ☐ Human Resources
- ☐ Operations
- ☐ Sales / Marketing
- ☐ IT / Technical Support
- ☐ Executive Management
- ☐ All Departments

Employee Status:

- ☐ Full-Time Employees
- ☐ Part-Time Employees
- ☐ Contractors / Consultants
- ☐ Interns
- ☐ All Personnel

Specific Scope Description:

V. DEFINITIONS

Term	Definition
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<hr/>	<hr/>

_____	_____
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VI. POLICY STATEMENT

The official policy of the organization is as follows:

VII. PROCEDURES

The following steps must be taken to ensure compliance with this policy:

Step 1:

Step 2:

Step 3:

Step 4:

Exceptions to Procedure:

VIII. ROLES AND RESPONSIBILITIES

Role: _____

Responsibility:

Role: _____

Responsibility:

IX. COMPLIANCE AND ENFORCEMENT

Failure to comply with this policy may result in:

X. RELATED DOCUMENTS AND FORMS

The following documents are referenced in or required by this policy:

1. Document Name: _____ Location: _____
2. Document Name: _____ Location: _____
3. Document Name: _____ Location: _____

XI. REVISION HISTORY

Version	Date	Description of Changes	Author
1.0	_____	Initial Release	_____
_____	_____	_____	_____
_____	_____	_____	_____

XII. ACKNOWLEDGMENT (OPTIONAL)

I acknowledge that I have received, read, and understood the policy described above.

Employee Name: _____

Employee Signature: _____

Date: _____ day of _____, 20____