POLICY AND PROCEDURE	
SUBJECT/TITLE:	Standards for Writing and Approving Policies, Procedures, Standard Operating Guidelines, and Forms
APPLICABILITY:	All staff
CONTACT PERSON & DIVISION:	Christi Allen, Executive Assistant, Vital Statistics
ORIGINAL DATE ADOPTED:	8/5/2015
LATEST EFFECTIVE DATE:	8/5/2015
REVIEW FREQUENCY:	Every 5 years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	800-001-P

A. PURPOSE

The purpose of this policy guide is to describe the standards for writing, reviewing, revising, approving, numbering, disseminating, implementing and maintaining policies, procedures, standard operating guidelines (SOG) and forms for the Canton City Health District (CCHD). Adherence to this standard will:

1. Foster staff understanding of department policies and procedures.
2. Increase utilization of standard Policies, Procedures, Standard Operating Guidelines and Forms (PPSOGF).
3. Minimize outdated and duplicative documents.
4. Improve staff efficiency and service.
5. Standardize a uniform method for assigning policy numbers and other classification numbers within the department.

B. POLICY

All Canton City Health District PPSOGFs will be developed using the standard methodology and be documented pursuant to the standards and templates described in this document. This procedure applies to PPSOGFs written or revised following the effective date of this procedure.

C. BACKGROUND

Public Health Accreditation Board (PHAB) standards state that policies and procedures for a public health department should be:

1. Easily accessed through one location;
2. Reviewed on a regular basis; and
3. Consistent in format and process in development.

D. GLOSSARY OF TERMS

Clinical Protocols: Physician "standing orders" for care in specific medical situations; including pharmaceutical orders to treat anaphylaxis, to vaccinate and for prophylaxis against infectious diseases. The documentation of clinical protocols is addressed in the *Canton City Health District Standards for Writing Clinical Protocols.*

Policy: Statement of conduct for an end result.

Procedures: Course of action or steps that help to achieve the stated policy.

Standard Operating Guidelines (SOG): A synonym for procedures. The terms "procedures" and "standard operating guidelines" can be used interchangeably.

Form: Documents that are used by staff to record activities.

PPSOG: Policies, procedures and standard operating guidelines.

PPSOGF: Policies, procedures, standard operating guidelines and forms.

Document: Generic term to represent any PPSOGF.

Division Leadership Team: The Division Leadership Team is comprised of the leaders from all CCHD divisions or operating units. This team meets regularly and makes decisions as to the direction of CCHD operations. The following persons are members of the team:

    a)   Health Commissioner
    b)   Fiscal Officer
    c)   Director of Nursing
    d)   Women, Infants and Children (WIC) Director
    e)   Director of Environmental Health
    f)   Laboratory Director
    g)   Air Pollution Control (APC) Administrator
    h)   Accreditation Coordinator

Accreditation Team: The Accreditation Team is comprised of employees that have been designated as Domain Leaders, the Health Commissioner and the Accreditation Coordinator. The Accreditation Team is responsible for the PHAB accreditation project.

E. PROCEDURES

1. NEW DOCUMENT PROPOSAL
    a) Suggestions for a new PPSOGF may arise from discussions within CCHD, new regulatory requirements, audit findings, etc.
    b) The Division Leadership Team will be responsible to develop a list of PPSOGFs that apply to the entire CCHD, prioritize the list, assign PPSOGF authors, and establish deadlines of completion. The Division Leadership Team and author will agree on the person(s)/group(s) required to review the document and approve the document. At a minimum, the Health Commissioner will approve all final PPSOGFs. This list is Appendix C with reference number listed in section H. Appendices and Attachments, in this document.
    c) Division leaders will be responsible to develop a list of PPSOGFs that apply to their division, prioritize the list, assign PPSOGF authors and establish deadlines of completion. These lists shall be similar to Appendix C and stored within an appropriate location for the Division.
    d) The Accreditation Team will also be responsible to identify PPSOGFs that are necessary for PHAB accreditation.
    e) Staff that has suggestions for a new PPSOGF shall communicate this to their supervisor to be discussed with the Division Leadership Team. If the suggestion is for division specific PPSOGF, then the supervisor will follow 1.c. of this document.
2. DOCUMENT DEVELOPMENT

a) The author will be responsible for obtaining input from all relevant parties and coordinating the preparation of a draft document using the current version of the template (Appendix A or B), and the instructions in E.3., E.4. and E.10. of this document.

b) The author is responsible for requesting and obtaining the document reference number from the Executive Assistant prior to finalizing draft for review.

3. DOCUMENT CONTENT

a) PPSOG CONTENT

All policies, procedures and standard operation guidelines (PPSOG) contain the following minimum set of document sections. All sections should be included in the document. Sections that are not needed will be marked with an "N/A". Additional sections may be added if they will add clarity to the PPSOG.

   i) Descriptor information: Either in a table at the beginning of the document (Appendix A) or on a title page (Appendix B) that includes:

      (1) Subject or title of the PPSOG.

      (2) Applicability (which persons are impacted by the PPSOG).

      (3) Contact person name, title, and division responsible for maintaining the PPSOG or who can address questions.

      (4) Original adoption date of PPSOG.

      (5) Latest effective date of the PPSOG.

      (6) Review frequency of the PPSOG as established at the time of the PPSOG approval.

      (7) Board of Health approval date if applicable.

      (8) Reference number as defined in section E.5 of this document.

   ii) Purpose: Briefly states the reason for the PPSOG and any requirements (contractual, regulation, etc) that are being met.

   iii) Policy: States the desired outcome of the PPSOG.

   iv) Background: Includes organizational history or other information related to the development of the PPSOG. Only add information in this section if it adds clarity to the PPSOG.

   v) Glossary of Terms: Defines words, abbreviations, or synonyms used in the PPSOG. This is an optional section only used to add clarity to the PPSOG.

   vi) Procedures and Standard Operating Guidelines: Documentation of the expected actions to be taken or the procedure to achieve the goal as stated in the policy section. The author of the PPSOG will decide which title to use for this section and delete the unwanted title, so only one will remain in the final document.

   vii) Citations and References: If the PPSOG references other published material then the citations are listed in this section. Use the American Psychological Association (APA; www.apastyle.org) format for any citations.

   viii) Contributors: List contributors (authors and relevant parties consulted) to the development of the PPSOG using the person's name and title in this section.

   ix) Appendices and Attachments: Include a list of any appendix material or attachments that are part of the PPSOG in this section. Examples would include package inserts of testing material, calibration instructions, diagrams, templates and charts.

   x) Reference Forms: List any forms that are associated with the PPSOG.

   xi) Revision and Review History: A table that lists the date of revision or date of review, author or revision or review and brief notes summarizing the revisions done or the results of the review.

       xii) Approval: Statement discussing the PPSOG was approved per this written procedure.

b) VERBIAGE AND STYLE

    i) Use present verb tense where possible.

    ii) Use lists to promote clear organization. Use styles for various headers to allow for ease of document navigation. Proper use of styles will allow for proper conversion to bookmarks when the document is published as a PDF document.

    iii) Use abbreviations only after the full term has been used with the abbreviation designated in parentheses, i.e. Canton City Health District (CCHD).

    iv) References to section paragraphs shall use the section letter and the outline value separated by decimal points. For example, this paragraph would be referenced in the document as E.3.b.iv.

    v) Follow the guidelines in Appendix D listed in section H. Appendices and Attachments.

c) FORMS/ATTACHMENTS/APPENDICES CONTENT

    i) Content of forms and PPSOG attachments/appendices are not dictated as rigorously since flexibility is necessary. The following content shall apply to all forms/attachments/appendices.

    ii) Forms/attachments/appendices shall have a title, which should typically include the word "form" or "log", but not always.

    iii) Forms/attachments/appendices shall have contact person name.

    iv) Forms/attachments/appendices shall have a reference number.

    v) Forms/attachments/appendices shall have the latest effective date.

4. DOCUMENT FORMAT

a) PPSOG FORMAT

All PPSOGs are written in the style and format of this document and using the templates in Appendix A and B.

    i) Utilize outline numbering as needed.

    ii) Font is Calibri size 11 in the body of the document.

    iii) Headers and footers utilize Calibri size 9.

    iv) Use styles shortcuts in Home Tab as defined in this document and template for body text (normal text) and headings described below.

        (1) Heading 1 – Main document sections (gray shading background, all caps font, and bold font).

        (2) Heading 2 – Major headings in a section (all caps font).

        (3) Heading 3 – Minor headings in a section (small caps font).

    v) Utilize justified alignment (i.e. block justified) throughout the document.

    vi) Line spacing in body text when using normal text style should be multiple line spacing at 1.15 and spacing after of 10pt.

    vii) Headers are formatted as follows:

        (1) CCHD logo is on the left side header of every page.

        (2) Canton City Health District is located in the upper right hand corner of every page.

        (3) If the PPSOG is division specific, the division name is located underneath Canton City Health District in the upper right hand corner of every page (left blank if not division specific).

        (4) The status of the document [FINAL] or [DRAFT] is located in the upper right hand corner of every page below Canton City Health District.

        (5) If the PPSOG is shared by another agency then all agencies are listed in the upper right hand corner.

viii) Footers are formatted as follows:
  (1) The name of the file is listed in the lower left hand corner of every page.
  (2) The most recent version date is listed on the right hand corner of every document followed by the page number on the same line.
ix) Margins:
  (1) Top = 1", Bottom = 0.69", Right = 0.75", Left = 0.75"
  (2) Header = 0.5", Footer = 0.28"

b) FORMS/ATTACHMENTS/APPENDICES FORMAT
  i) Format of forms/attachments/appendices are not dictated as rigorously since flexibility is necessary. The following formatting shall apply to all forms/attachments/appendices.
  ii) Forms/attachments/appendices shall have a footer that contains the following:
    (1) The name of the file.
    (2) The most recent version date followed by the page number on the same line.
  iii) Forms/attachments/appendices shall have a header that contains the following:
    (1) CCHD logo.
    (2) The name "Canton City Health District".
    (3) The division name if division specific.

5. DOCUMENT NUMBERING
  a) There will be a uniform method of assigning policy numbers and versions. These are identified in the document as the reference number field.
  b) The format for the reference # is XXX-YYY-ZZ-T.
  c) XXX refers to the three-digit number/code that corresponds to the various divisions or operating units responsible for developing or implementing the particular document. This same number should also be used for other projects such as record retention and file plan. The following is a list of acceptable codes:

Code	Division
100	Administration
200	Nursing
250	Women, Infants and Children (WIC)
300	Air Pollution Control (APC)
400	Laboratory
500	Environmental Health (EH)
600	Vital Statistics (VS)
700	Fiscal
800	General Health Department
900	Office of Public Health Information (OPHI)

  d) YYY refers to the three-digit number that is sequential. The three-digit number starts with 001 and increases sequentially from there, so that each P document type (explained in 5.f.) has a unique three-digit number.
  e) ZZ refers to the two-digit number that is sequential. The two-digit number starts with 01 and increases sequentially from there, so that each A and/or F document type (explained in 5.f.) associated with a P

document type (explained in 5.f.) has a unique three-digit number. No two-digit number can be the same for each individual XXX-YYY number.

f) T refers to the one-digit letter that represents the type of document it is. This allows documents of different types that have a shared associated procedure to have the same XXX-YYY numbers. The following is a list of acceptable one-digit letters:

Letter	Document Type
P	Policy, Procedure, or SOG
A	Attachment or Appendix to a Policy, Procedure or SOG
F	Form

g) Examples of document reference numbers:
   i)   Procedure for Environmental Health: 500-029-P
   ii) Form for the above procedure in 5.g.i.: 500-029-01-F
   iii) Appendix for the above procedure in 5.g.i.: 500-029-02-A

h) Document reference numbers are assigned by the Executive Assistant only to ensure the only unique numbers are used.

6. DOCUMENT REVIEW
   a) FOR DOCUMENTS THAT APPLY TO THE ENTIRE CCHD
      i)   Once the first draft is complete the author will send the document, or provide the file network location of the document identified in E.10.c., to the appropriate team(s), identified in Section E.1.b. for review. Comments should be returned to the author within a maximum of ten working days. All revisions/comments shall be provided within the same document file stored on the file network.
      ii) If substantial comments are provided, the author may send out the document for a second round of review if this is considered appropriate by the author.
      iii) Once all comments have been incorporated appropriately, the author will send the document to the Division Leadership Team for final review.
      iv) The Division Leadership Team will review the document and provide revisions/comments (within the same document file) within ten working days. All comments should be addressed prior to sending it for approval.
   b) FOR DOCUMENTS THAT APPLY TO A SPECIFIC DIVISION
      i)   Once the first draft is complete the author will send the document, or provide the file network location of the document, to the affected persons in the division for review. Comments should be returned to the author within a maximum of ten working days. All revisions/comments shall be provided within the same document file stored on the file network.
      ii) If substantial comments are provided, the author may send out the document for a second round of review if this is considered appropriate by the author.
      iii) Once all comments have been incorporated appropriately, the author will send the document to the division leader for final review.
      iv) The division leader will review the document and provide comments within ten working days. All comments should be addressed prior to sending it for approval.

7. DOCUMENT APPROVAL

a) FOR DOCUMENTS THAT APPLY TO THE ENTIRE CCHD

    i) The author will notify the Executive Assistant that the document is ready for approval by the Division Leadership Team. The author will ensure the most up-to-date Microsoft Word version of the document is stored in the appropriate located identified in E.10.c.iii.

    ii) The Executive Assistant will add the document to the agenda for the next Division Leadership Team meeting for final approval.

    iii) The Executive Assistant will prepare the 800-001-F PPSOGF Approval Form to list all documents that are on the Division Leadership Team meeting agenda for final approval. If a document contains references to forms, attachments, or appendices, these should also be listed on the Approval Form. Signature blocks on the form will be added or deleted in accordance with who needs to approve the documents as identified in identified in Section E.1.b.

    iv) The Division Leadership Team will decide to approve or deny the documents on the meeting agenda. They will also set the review frequency of each document approved.

    v) For all approved documents, the appropriate person(s) identified in Section E.1.b. for approval will sign the prepared 800-001-F PPSOGF Approval Form. The Executive Assistant will enter the date final on the form as the date of the meeting. This completed form will be kept as a record for procedure approval by the Executive Assistant.

    vi) For all denied documents, the Division Leadership Team shall communicate to the author the reasons for denial, so changes can be made and the document can be submitted for approval again.

b) FOR DOCUMENTS THAT APPLY TO A SPECIFIC DIVISION

    i) The author will notify the division leader that the document is ready for approval by them. The author will ensure the most up-to-date Microsoft Word version of the document is stored in the appropriate located identified in E.10.c.iii.

    ii) The division leader will prepare the 800-001-F PPSOGF Approval Form to list all documents that are available for final approval. If a document contains references to forms, attachments, or appendices, these should also be listed on the Approval Form.

    iii) The division leader will decide to approve or deny the documents. They will also set the review frequency of each document approved.

    iv) For all approved documents, the Division leader will sign the prepared 800-001-F PPSOGF Approval Form indicating the document is approved. The division leader will enter the date final on the form as the date of the final approval. This completed form will be kept as a record for procedure approval by the division leader.

    v) For all denied documents, the division leader shall communicate to the author the reasons for denial, so changes can be made and the document can be submitted for approval again.

8. DOCUMENT APPROVAL REQUIRED BY THE BOARD OF HEALTH

    a) The Board of Health (BOH) may direct the adoption of certain policies by the department. When the BOH specifically directs the development of a specific policy, the BOH will also specify if they will approve the final policy. If the BOH specifies that they will approve the final policy, the following procedure will apply:

        i) Follow the steps listed in E.7.a.i. through E.7.a.vi.

        ii) For documents approved per E.7.a.v., the Executive Assistant will prepare a resolution for the BOH and place the resolution on the agenda for the next regularly scheduled BOH meeting. The resolution will specify the effective date of the policy and this date will be used as the effective date.

9. RELEASING THE APPROVED DOCUMENT
   a) FOR DOCUMENTS THAT APPLY TO THE ENTIRE CCHD
      i) The Executive Assistant will:
         (1) Enter the effective date on the approved document.
         (2) Enter the BOH resolution numbers and date, if applicable.
         (3) Verify and correct the formatting, accuracy and completeness of the document.
         (4) Remove all indicators the document is in draft mode and change to final indicator (watermark if used, header/footer, and titles).
         (5) Save the document in the appropriate format and location on the file network and on the CCHD website (see section E.10.a through E.10.c. for details) to ensure it is now a controlled document. Update file name with new information as appropriate.
         (6) Remove and/or save separately any superseded versions in accordance with the record retention policy. Delete all draft versions of the document in accordance with the record retention policy.
      ii) The Executive Assistant will communicate the approved document is available for use by a notification email to appropriate staff. This email shall communicate the location of the controlled document and the procedure for documenting that staff has read the new PPSOGF (see E.9.a.iv).
      iii) Division leaders will be responsible for ensuring that all staff is aware of and familiar with any new PPSOGF requirements and for ensuring compliance.
      iv) It is the responsibility of all staff to ensure that current versions of PPSOGFs are followed in performance of their duties.
         (1) When a new or updated PPSOGF is released, staff are responsible to read the PPSOGF. This review will be documented as a staff signature on the PPSOGF Training Log maintained by the Executive Assistant. Staff are responsible to sign the log when they have read the PPSOGF.
         (2) The Executive Assistant is responsible to track which staff have not signed the log and follow-up with staff and/or division leaders to ensure staff sign the log.
   b) FOR DOCUMENTS THAT APPLY TO A SPECIFIC DIVISION
      i) The Division Leader will send the approved electronic file to the Executive Assistant.
      ii) The Executive Assistant will:
         (1) Enter the effective date on the approved document.
         (2) Verify and correct the formatting, accuracy and completeness of the document.
         (3) Remove all indicators the document is in draft mode and change to final indicator (watermark if used, header/footer, and titles).
         (4) Save the document in the appropriate format and location on the file network and on the CCHD website (see section E.10.a. through E.10.c. for details) to ensure it is now a controlled document. Update file name with new information as appropriate.
         (5) Remove and/or save separately any superseded versions in accordance with the record retention policy. Delete all draft versions of the document in accordance with the record retention policy.
         (6) Once complete will notify division leader.
      iii) The division leader will communicate the approved document is available for use by a notification email to appropriate staff. This email shall communicate the location of the controlled document and the procedure for documenting staff have read the new PPSOGF (see E.9.b.iv.).

    iv) Division leaders will be responsible for ensuring that all staff are aware of and familiar with any new PPSOGF requirements and for ensuring compliance.

    v) It is the responsibility of all staff to ensure that current versions of PPSOGFs are followed in performance of their duties.

       (1) When a new or updated PPSOGF is released, staff are responsible to read the PPSOGF. This review will be documented as a staff signature on the appropriate division specific form maintained by the appropriate Division staff. Staff are responsible to sign the form per the division specific procedure.

       (2) Division leaders are responsible to ensure all staff sign the above mentioned form.

10. DOCUMENT MANAGEMENT AND CONTROL

  a) FILE NAMING

  File names are descriptive of key components of the PPSOG and shall include all of the following elements in the corresponding order. Each element is separated by an underscore (_):

    i) Reference Number: The PPSOG reference number (note the reference number is separated by a dash (-).

    ii) Title: Exact title of the PPSOGF (with abbreviations) or summary of title (if title is long). Each word is separated by space.

    iii) Status: Indicates if the document is DRAFT or FINAL.

    iv) Date: Date the document was created or reviewed, whichever is the most current date. The format is four digit year, two digit month and two digit day with no separators between the elements. (YYYYMMDD)

    v) Extension: Automatically assigned by the word processing software in the format described in section E.10.b below.

    vi) Examples:

    [Reference Number]_[Title]_[Status]_[Date].[Extension]

    100-100-P_Example Policy Document_ Final_20141124.doc

  b) FILE FORMAT

    i) PPSOG documents shall be developed and saved in Microsoft Word software as the .doc file extension type (1997-2003 Word format). For those authors that do not have this capability, arrangements shall be made to provide access to this software.

    ii) Some forms or PPSOG attachments may be developed in other software. For spreadsheet software, Microsoft Excel and the .xls file extension type should be used. Other software file types will be determined as needed during the document development.

  c) DOCUMENT STORAGE LOCATION

    i) Documents in development shall be stored in the file network folder location listed below:

       (1) For CCHD documents: L:\ALL\Policies\DEPARTMENT Policies_800\2 - In Process\

       (2) For division documents: L:\ALL\Policies\DIVISION Policies_100-900\[Division]\2 - In Process\

    ii) Documents ready for draft review shall be stored in the file network folder location listed below:

       (1) For CCHD documents: L:\ALL\Policies\DEPARTMENT Policies_800\3 - Draft Review\

       (2) For division documents: L:\ALL\Policies\DIVISION Policies_100-900\[Division]\3 - Draft Review\

    iii) Documents ready for final review and approval shall be stored in the file network folder location listed below:

       (1) For CCHD documents: L:\ALL\Policies\DEPARTMENT Policies_800\4 - Final Review for Approval\

(2) For division documents: L:\ALL\Policies\DIVISION Policies_100-900\[Division]\4 - Final Review for Approval\

iv) Final Controlled documents shall be stored on the CCHD website www.cantonhealth.org accessible by clicking the "Department Policies and Procedures" link on the right hand side of the main webpage.

v) Final editable versions of documents shall be stored in the file network folder location listed below, which has limited access: P:\ADMIN\Policies\

vi) Final Controlled forms shall be stored on the CCHD website www.cantonhealth.org accessible by clicking the "Department Policies and Procedures" link on the right hand side of the main webpage.

d) DOCUMENT CONTROL

i) Effective, controlled versions of the PPSOG will be stored in location(s) listed in E.10.c. in a pdf format which prevents printing. Staff will be reminded on a regular basis that if they download the documents they are only valid for that day.

ii) Effective, controlled versions of forms, attachments and/or appendices, which are intended to be used/edited electronically, will be stored in location(s) listed in E.10.c. or in another location as indicated within the PPSOG, in the original editable format. Staff will be reminded on a regular basis that if they print the forms, attachments and/or appendices they are only valid for that day.

iii) Editable versions (Microsoft Word, Microsoft Excel, etc.) of the PPSOG and a copy of the forms will be stored in a location on the file server that is only accessible to the Executive Assistant and select management (see E.10.c.v.). Anyone wishing to update a PPSOGF should request the document from the Executive Assistant.

iv) The Executive Assistant is responsible for updating all areas of the file network and website when an 800 code (general health department) document is updated or a new document released. The division leader is responsible for updating all areas of the file network and website when a Division specific document is updated or a new document released.

11. DOCUMENT REVIEW CYCLE AND UPDATE PROCESS

a) All effective PPSOGFs will be reviewed at least every five years to confirm the document continues to meet business needs and reflects current practice. The review cycle will be set for each PPSOGFs and documented in the PPSOGF header.

b) The PPSOGF review is the responsibility of the contact person listed on the PPSOGF.

c) The Executive Assistant will keep a schedule of all PPSOGFs and their review frequencies. The Executive Assistant will notify the contact person listed on the PPSOGF when the review is due at least ten days prior to due date. The Executive Assistant will provide a list of documents requiring review to the Division Leadership Team to access the status of progress during their meetings.

d) If the documents reviewed do not require updating then a standard file note will be entered on the PPSOGF in the Revision and Review History section with the date completed and the latest effective date updated.

e) Documents may be reviewed or updated more frequently, if appropriate, for changes in business needs (e.g., to assess the impact of a change in regulatory requirements, etc.).

f) If updates to the document are required, the review, approval and release will occur according to the processes outlined above. All sections of the document revised will be detailed in the note in the Revision and Review History section of the PPSOGF, along with the revision history and author and the latest effective date updated.

g) If documents require minor typographical and/or formatting updates that are non-content related, these updates may be made at any time by the Executive Assistant without updating the Revision and Review History or updating the latest effective date. The Executive Assistant will then follow E.10.d.

12. RETIRING APPROVED DOCUMENTS

a) If an effective document needs to be retired (either due to a new document removing the need for the old document or the old document no longer being required as the process is no longer performed), this will be agreed by the Division leadership Team. Superseded versions of current process documents will be retired automatically by the Executive Assistant when the new version of the document becomes effective.

b) The electronic copies of the document will be archived appropriately in accordance with the record retention policy so that they can be accessed if needed. The paper copy of the approval form will be marked superseded and archived.

F. CITATIONS AND REFERENCES

Record Retention Policy

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. James Adams, Health Commissioner
2. Terri Dzienis, APC Administrator

H. APPENDICIES AND ATTACHMENTS

Appendix A: 800-001-01-A PPSOG Template

Appendix B: 800-001-02-A PPSOG Manual Long Template

Appendix C: "800-001-04-A Department Policies That We Need" Excel spreadsheet will be stored on the file network in the folder: L:\ALL\Policies\DEPARTMENT Policies_800\1 - Work to Do\ This is a living document that is updated on an ongoing basis. A snap-shot of what this document looks like is attached to this procedure.

Appendix D: 800-001-06-A Style Writing Guide

I. REFERENCE FORMS

800-001-03-F PPSOGF Approval Form
800-001-05-F PPSOGF Training Log

J. REVISION AND REVIEW HISTORY

Revision Date	Review Date	Author	Notes
10/07/2015		Christi Allen	Changed section E.9.b. to clarify Executive Assistant and division leader responsibilities.

K. APPROVAL

This document has been approved in accordance with the "800-001-P Standards for Writing and Approving PPSOGFs" procedure (this procedure) as of the effective date listed above.