POLICY NAME IN CAPS

Area:	Number:
Applies to:	Issued:
	Revised:
Sources:	Reviewed:
Policy Owner:	Page(s):

I. **Purpose**

XXXXXXXXXXXXXX

II. **Scope (Optional)**

XXXXXXXXXXXXXXXXXXXX

III. **Policy Statement**

XXXXXXXXXXXXXXX

IV. **Exclusions (if any)**

XXXXXXXXXXXXXXXXXXXX

V. **Definitions**

VI. **Procedures**

XXXXXXXXXXXXXXXXXXXXXXXXX