



## Medicine Hat College Policy [POLICY TITLE]

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Policy #:	HR-##
Policy Authority:	Administrative management responsible for creation, implementation, and maintenance of the policy.
Executive Sponsor:	Member of EC who is ultimately responsible for the implementation of the policy.
Approved by:	President and CEO
Effective Date:	M/dd/yyyy
Next Mandatory Review Date:	M/dd/yyyy
Frequency of Review:	[annual or every x years]

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**1. OBJECTIVE (Mandatory)**

A short, clear, explicit statement about what is intended by the policy. (e.g. *The purpose of this policy is to set standards for planning and arranging necessary travel to conduct authorized college business.*)

**2. SCOPE (Mandatory)**

A clearly defined statement about who is affected by this policy.

**3. BACKGROUND INFORMATION (As required)**

**4. DEFINITIONS (As required)**

**5. PRINCIPLES (Mandatory)**

**Principles** are the values that guide the policy. For example, *MHC acknowledges its status as a publically funded institution and will ensure accountability and transparency regarding employee travel and expense reimbursement.*

**6. DIRECTIVES (Mandatory)**

**Directives** are the guiding rules of the policy that cannot be described as principles and are not specific enough to be considered procedures. For example, *The selection of the mode of transportation will be based on cost, duration, convenience, safety, and practicality.*

**7. RESPONSIBILITIES (Mandatory)**

Indicate what responsibilities are assigned and to whom. If responsibilities are delegated at different levels provide a chart/matrix to ensure it is clear who is

responsible for what. This is not meant to be a list of steps to be taken (i.e. procedures), but rather a clear indication of who has responsibilities within this policy.

For example:

Dean is authorized to approve *Prior Learning and Recognition (PLAR) applications*.

**8. APPLICABLE LEGISLATION/REGULATIONS (As applicable)**

List any legislation. E.g. *Post-secondary Learning Act*

**9. RELATED POLICIES (As required)**

Name any policies that are referenced in this policy or are necessary to understanding this policy.

**10. RELATED PROCEDURES (As required)**

Specific procedures developed to enable compliance with policy.

**11. RELATED INFORMATION (As required)**

Name any additional information that provides context to this policy.

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Kevin Shufflebotham  
President and CEO

Date:

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[name]  
Vice-President, [applicable area]

Date:

**DOCUMENT HISTORY (Mandatory)**

Chronological list of actions undertaken for this policy,

*For example:*

Nov 2014	Policy approved
Nov 2015	Policy reviewed – no changes required
Nov 2016	Policy reviewed – significant changes required—redraft initiated
Jan 2017	Revised policy approved
Jan 2018	Policy reviewed—no changes required
Jan 2019	Policy reviewed—minor changes—re-approval not required