**JACKSONVILLE STATE UNIVERSITY**

**Manual of Policies and Procedures**

**POLICY NO.: DATE: TDB**

**REVIEW/REVISION DATES: TBD**

**SUBJECT: Policy Title/Name APPROVED: ~~Dr. Don C. Killingsworth, Jr., President~~**

**PURPOSE**

# **POLICY**

# **OVERVIEW OF POLICY (optional)**

## PROCEDURES (optional)

**RESPONSIBILITY**

The (title of employee) is responsible for this policy.

**EVALUATION**

This policy will be reviewed at least every five (5) years by the (title of employee).