A. PURPOSE

The purpose of this policy is to define the process for developing, reviewing, approving, and maintaining all University policies.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The policies of Old Dominion University fall within the following framework and hierarchy and, therefore, are subject to compliance with laws and regulations instituted by higher levels of authority:

1. Federal laws and regulations
2. State laws and regulations
3. Board of Visitors policies
4. University policies
5. Guidebook/Handbook – Teaching and Research Faculty Handbook, Administrative and Professional Faculty Guidebook, Classified Employee Guidebook, Wage Employee Guidebook, and Graduate and Undergraduate Catalogs.
6. Divisional policies and procedures
7. Departmental policies and procedures

In the event of a conflict between different levels in 1 through 7 above, the lower numerical heading shall take precedence over the higher numerical heading.

C. DEFINITIONS

Board of Visitors Policy - Policy that is reviewed and approved by the Board of Visitors and falls into five categories, namely:
• policy that governs the Board of Visitors or interaction with the Board;
• policy that is designated by the General Assembly, Executive Branch or some other governmental entity as an item that must have the approval of the Board of Visitors;
• policy that ensures basic rights and obligations to constituencies within the University that include, but are not limited to, faculty, employees and students;
• policy governing the award of degrees, emeritus/emeritus designation, recognition of related corporations, and naming; or
• policy generated directly by the Board of Visitors or a member thereof.

Editing Subcommittee – A subcommittee of the Policy Review Committee, selected by the Chair, which is tasked with editing policies during the pre- and post-review process.

Executive Policy Review Committee (EPRC or “Vice Presidents”) - A committee comprised of all University Vice Presidents charged with approving the policy impact statement, assigning a Responsible Oversight Executive, suggesting members of a Policy Formulation Committee (PFC), and recommending approval of University policies to the President.

Interim Policy - A University policy executed by the President, at his or her discretion, without following the process discussed herein. Interim policies should receive formal review through this process within one year of execution.

Policy Formulation Committees (PFC) - These committees are assigned by the designated Responsible Officer for each policy, with suggestions from the Responsible Oversight Executive (ROE). The PFC is comprised of a sufficient number of technical, editorial and subject matter experts to adequately formulate the policies. These committees are charged with writing clear and understandable University policies that utilize the required University Policy Template. In some instances, the ROE may designate only one individual to draft the policy in lieu of a PFC.

Policy History - The policy history is appended to each policy by the University Policy Manager and includes the initial approval and revision dates, the next scheduled revision date, and the names of the individuals who signed off on the policy. The policy history also documents any language changes and periodic reviews that do not require any revisions.

University Policy Manager (UPM) - An individual appointed by the President to manage the policy review process and chair the Policy Review Committee. This individual maintains, publishes and notifies the University community of all approved and revised University policies.

Policy Review Committee (PRC) - A standing committee whose responsibility is to review all proposed University policies and revisions for recommendation to the Vice Presidents and President for approval. The Committee is appointed by the President upon recommendation by the Vice Presidents and comprised of individuals from across the University, including representatives from the Faculty Senate, the Student Senate and the Hourly and Classified Employees Association.

Procedure - A statement that prescribes specific actions to be taken to conform to established policies, allowing for the orderly implementation of those policies.

Responsible Officer (RO) - The responsible officer is assigned by the Responsible Oversight Executive to administer the policy. This individual is responsible for drafting the policy, keeping it up to date, and coordinating a detailed review at least once every five years. After completion of a draft policy by the PFC, the RO is responsible for forwarding the policy to the UPM for facilitating a 30-day comment period (15 days for policy revisions), which allows for feedback from affected
University community members. The RO will work with the Editing Subcommittee to revise the policy draft as needed, based upon feedback received from the comment period and the Policy Review Committee.

**Responsible Oversight Executive (ROE)** - The member of the EPRC who is assigned to sponsor a specific policy. The ROE oversees its development process and acts as the EPRC contact.

**University Policy** - Policy that applies broadly throughout the University and pertains to more than one division of the University. University policy requires the President’s review and approval and falls into three categories, namely:

- policy that enhances the mission of the University;
- policy that ensures compliance with applicable laws, rules and regulations; or
- policy that promotes operational effectiveness and efficiencies and reduces institutional risk.

**University Policy Impact Statement** - A document that describes the need and justification for a newly proposed University policy or revisions to existing University policy when the revisions are being proposed outside of the regular five-year review process.

**University Policy Template** - A required policy format developed to ensure consistency. Use of the template facilitates the adoption of clear, concise and uniform University policies.

**D. SCOPE**

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

**E. POLICY STATEMENT**

Old Dominion University formally approves, promulgates in a consistent format, and maintains centrally all University policies. All parties responsible for writing, updating and distributing University policies must comply with the conditions and procedures that are outlined in this policy. This document defines a University policy, explains the University Policy Template, outlines the steps for formulating, approving, issuing, and amending policies and describes the roles of the various policy committees, the UPM and the President. All University policies require the President’s approval.
F. PROCEDURES

1. New Policies

a. University Policy Impact Statement

When the need for a new policy is identified, a University Policy Impact Statement is prepared by the proponent of the new policy and is submitted to the UPM, who forwards it to the Executive Policy Review Committee (EPRC) for their review and approval.

b. Policy Formulation Committee

If the University Policy Impact Statement is approved, the EPRC designates the Responsible Oversight Executive, who then assigns a Responsible Officer for the proposed policy. The EPRC also suggests members of a Policy Formulation Committee (PFC), but may also designate one individual to draft the policy in lieu of a PFC. The UPM forwards the approved Policy Impact Statement to the Responsible Officer, who invites individuals identified on the Policy Impact Statement to participate on the PFC and manages the drafting process.

The PFC will use the University Policy Template in drafting the policy.

c. Legal Review

After completion of the draft policy, the RO submits the draft policy to the UPM, who forwards it to University Counsel for review and comment. The draft policy is then returned to the UPM along with any comments and suggested edits.

d. Pre-Review Editing Process

The UPM will conduct an initial review of the policy to:

i. Determine if the policy is deficient in any element required in the Policy Template (improper format, contains vague or contradictory policy statements, poorly referenced procedures that do not provide for compliance with the policy, confusing wording, etc.);

ii. Determine if the policy is consistent in terms of style, standard language, hyperlinks, format, etc., with policies already reviewed; and

iii. Correct any grammatical or typing errors.

The UPM will work with the RO, as necessary, to modify any elements of the policy that need further clarification, research, etc., and will consult with University Counsel on an as-needed basis.

In some cases, at the discretion of the UPM, a review group consisting of the PRC’s Editing Subcommittee, the policy’s RO, and representative(s) on the PRC from the area whose policy is being review, will be formed to conduct this initial review.
e. Comments Period

The UPM will facilitate a 30-day comment period, which allows for feedback from affected University community members.

i. The draft policy will be posted on the University's Policies and Procedures website and a campus-wide email will be sent notifying the University community that the policy is scheduled for review and inviting questions or comments.

ii. Respondents will be asked to send their comments or questions to the UPM.

iii. As comments and questions are received, they will be shared with the RO.

iv. The RO will make modifications to the policy based on the feedback as deemed appropriate.

v. All comments received during the open comments period, and any written feedback from the RO, will be shared with the PRC members prior to their review.

f. PRC Review

After successful completion of the comment period and pre-review editing process, the UPM will work with the RO to establish a mutually agreeable date of the PRC meeting at which the new policy will be reviewed, and the RO will attend and participate in discussions. The RO, at his or her discretion, may bring additional staff members to the PRC meeting and involve them in the review process.

The PRC is responsible for reviewing the draft policy to assess whether it is clear, consistent, understandable and has the proper scope and goals, as well as whether it might have any unintended or unwarranted impact on particular campus constituencies or the ODU community at large. The Committee will recommend any modifications to the content of the draft policy it deems necessary. As a result of this review, the PRC may:

i. Approve the policy as drafted;

ii. Approve the policy with agreed-upon modifications; or

iii. Send the policy back to the RO to address PRC recommendations or concerns.

Upon approval by the PRC, the UPM, in consultation with the RO and the Editing Subcommittee, will make the modifications approved by the PRC and conduct a final review of the policy for spelling, punctuation, grammar and clarity.

g. EPRC Review

The UPM will send the final draft policy to the EPRC and attend the monthly Vice Presidents meeting to review and discuss the policy. As the result of its review, the EPRC may:

i. Approve the policy as drafted;

ii. Send the policy back to the PRC to address EPRC recommendations or concerns; or

iii. Make changes to the policy.

If the EPRC makes changes to the policy, the UPM will work with the ROE to incorporate the changes into the draft policy.
h. Presidential Approval

The UPM will work with the President’s Office to schedule review of the policy by the President and Vice Presidents at a President’s Cabinet meeting and will attend to participate in the discussion. As a result of this review, the President may:

i. Approve the policy as drafted;
ii. Send the policy back to the UPM to address the President’s recommendations or concerns; or
iii. Make changes to the policy.

This process will be repeated until the President approves the final version of the policy.

i. Publication and Communication of the Policy

Once the President approves the final version of the policy, the UPM will obtain the signatures of the RO, ROE, University Counsel, and President. The date the policy is signed by the President will be the execution date.

The UPM completes the policy history section of the policy that includes the execution date, revision history and next scheduled review due date of the policy. The standard review date for the policy will be five years from the execution date, but the President, ROE or RO may request that the policy be reviewed in less than five years.

The UPM posts the University policy to the University Policies and Procedures website and sends a campus-wide email notifying the University Community of the new policy.

The UPM is responsible for maintaining all original policy documents for archiving purposes.

2. Revised Policies

The process for review of revised policies is the same as above, with the following exceptions:

a. A new University Policy Impact Statement is not required for policies that are being revised as part of the scheduled five-year review process.

b. If revisions are proposed outside of the five-year review process, a University Policy Impact Statement is required only if the suggested revisions are deemed substantial, as determined by the UPM in consultation with University Counsel and the Editing Subcommittee.

c. The comment period for proposed policy revisions will be 15 days.

3. Interim Policies

On occasion, and at his or her sole discretion, the President may adopt interim University policies and waive or temporarily alter any policy in order to meet legal or operational requirements as needs arise, without utilizing the procedures outlined in this policy. Interim policies will have an expiration date of one year in order to provide time for full consideration in accordance with this policy.
4. Editorial Changes to Policies

There are times when the titles of University employees and departments may change. In these instances, the UPM is authorized to update these titles in any University policy that references them without following the formal review process. Other changes may be made by the UPM if deemed as editorial by University Counsel.

5. Obsolete Policies

From time to time, the PRC, in consultation with University Counsel and the RO, may recommend to the EPRC that a University Policy be rescinded as being obsolete. The decision to rescind a policy rests with the President.

The authority to interpret any University policy rests with the President in consultation with University Counsel.

G. RECORDS RETENTION

University policies must be retained permanently in accordance with the Commonwealth’s Records Retention Schedules (General Schedule 101, Series 100350).

H. RESPONSIBLE OFFICER

University Policy Manager

I. RELATED INFORMATION

University Policy Approval Process
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Donna W. Meeks  August 28, 2018
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  August 28, 2018
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois  November 20, 2018
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright  November 26, 2018
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  November 30, 2018
President  Date

Policy Revision Dates:  December 8, 1988; February 21, 2011; May 4, 2012; November 30, 2018

Scheduled Review Date:  November 30, 2023
A. PURPOSE

The purpose of this policy is to establish the University’s Code of Ethics, which strives to demonstrate the University’s commitment to ethics and adherence to all applicable laws, regulations and University policies.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Supervisor - The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate, and discipline employees.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and vendors of the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University recognizes its duty to uphold the public’s trust and confidence, not only in following laws and regulations, but in following high standards of ethical behavior. Members of the Old Dominion University community are responsible for maintaining the highest ethical standards and principles of integrity. The Code of Ethics is a set of values-based statements that demonstrate the University’s commitment to this goal. All University employees, students,
volunteers, employees of affiliated organizations who are paid through the University, and vendors of the institution are expected to adhere to the following Code of Ethics.

**Old Dominion University**  
**Code of Ethics**

1. We will maintain the highest level of ethical standards, and comply with all applicable laws and regulations and University policies.

2. We will protect the integrity of all University business and transactions by avoiding engagement in any actions (directly or indirectly) that are inconsistent with the State and Local Government Conflict of Interests Act or Virginia Public Procurement Act. We will avoid even the appearance of a conflict of interest.

3. We will adhere to policies and programs that promote the highest standards of ethics, integrity and professional practices in the performance of our educational, research, scholarly and community outreach activities.

4. We will adopt policies and programs supporting the rights and recognizing the needs of all individuals regardless of race, color, religion, national or ethnic origin, age, sex (including pregnancy), political affiliation, veteran status, family medical and genetic information, sexual orientation, gender identity, gender expression, or disability.

5. We will maintain and protect the confidentiality and security of information entrusted to us by the University or its customers, except when disclosure is authorized or legally mandated.

6. We will not use University funds, property, equipment, or services, or things of value for or in aid of political parties or candidates for public office, except as otherwise allowed for student organizations (See Student Organization Handbook).

7. We will not use University funds, property, equipment, services, systems, information, time and effort or our position for personal gain. We will protect the University’s assets and resources and ensure their proper use by preventing theft, carelessness and waste. We will promote efficient, effective, safe and economical means of accomplishing tasks.

8. We will adhere to the principle that the public’s business should be conducted in the public view by observing and following the letter and spirit of the Virginia Freedom of Information Act.

9. We will adhere to good health and safety practices and comply with all environmental health and safety laws and regulations.

10. We will comply with the University’s accounting policies and procedures and maintain strong internal controls at all times. We will not make any false or misleading entries in the University’s records under any circumstances.

11. We will strive for excellence in the performance of our duties, mindful of cost and appropriate authorization.

12. We will nurture a climate of care, concern, and civility towards others.
13. We will report through appropriate means and channels any dishonesty, fraud, misconduct, violations or neglect of duty, when discovered. We will appropriately investigate all such reports and require warranted corrective action and discipline, in accordance with University policies and procedures and the law.

F. PROCEDURES

Supervisors are responsible for notifying employees of, and monitoring their adherence to, the Code of Ethics. The Office of Human Resources will send an annual notification of the obligation of all employees to adhere to the Code of Ethics.

The Department of Procurement Services will add a reference to the University’s Code of Ethics in all contracts and solicitations.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director of Human Resources for Employee Relations and Strategic Initiatives

I. RELATED INFORMATION

- Family Educational Right to Privacy Act (FERPA)
- Agency Risk Management and Internal Control Standards (ARMICS)
- America Competes Reauthorization Act of 2010
- Hatch Act for State and Local Employees
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule
- Governor’s Executive Order Number One (2018) – Equal Opportunity
- Governor’s Executive Order 12 (2006) – State Employee Fraud, Waste, and Abuse Hotline
- Governor’s Executive Order 41 (2006) – Banning Smoking in State Offices and Vehicles
- Governor’s Executive Order 94 (2005) – Workplace Safety and Employee Health
- State and Local Government Conflict of Interests Act, Code of Virginia Section 2.2-3100, et seq., as amended
- Virginia Public Procurement Act, Code of Virginia Section 2-2-4300, et seq., as amended
- Virginia Freedom of Information Act, Code of Virginia Section 2.2-3700, et seq., as amended
- Virginia Department of Accounts Policies and Procedures (including CAPP Manual)
- Virginia Department of Human Resource Management Policy 2.05, Equal Employment Opportunity
- Board of Visitors Policy 1011 – Freedom of Expression
- Board of Visitors Policy 1014 – Threat Assessment
- Board of Visitors Policy 1210 – Authority to Act on Behalf of the University
- Board of Visitors Policy 1240 – Resolution Concerning Employment
- Board of Visitors Policy 1403 – Academic Freedom
- Board of Visitors Policy 1404 – Professional Ethics
- Board of Visitors Policy 1426 – Policy, Procedures and Timeline for Responding to Allegations of Misconduct in Scientific Research and Scholarly Activity
- Board of Visitors Policy 1450 – Faculty Sanctions
- Board of Visitors Policy 1470 – Faculty Grievance Policy
- Board of Visitors Policy 1502 – Student Rights and Freedoms
Board of Visitors Policy 1530 – Code of Student Conduct
University Policy 3003 – Detection, Investigation and Reporting of Fraud and Misuse of University Property/Funds
University Policy 3220 – Policy on the Use of Tobacco and Smoking-Related Products, and Electronic Cigarettes and Vaporizers
University Policy 3223 – Environmental Health and Occupational Safety
University Policy 3230 – Vehicular Access to University Property
University Policy 3231 – Use of Bicycles, Skateboards and Personal Transport Devices on University Property
University Policy 3240 – Accident Review Committee
University Policy 3500 – Policy on the Use of Computing Resources
University Policy 3507 – Information Technology Accessibility Policy
Teaching and Research Faculty Handbook
Adjunct Faculty Handbook
Classified Employee Guidebook
Wage Employee Guidebook
Monarch Citizenship
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ JaRenae Whitehead  September 25, 2018
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  July 24, 2018
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  September 25, 2018
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  October 3, 2018
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  October 8, 2018
President  Date

Policy Revision Dates:  January 1, 2007; January 31, 2013; October 8, 2018

Scheduled Review Date:  October 8, 2023
A. PURPOSE

The purpose of this policy is to establish the University’s framework for compliance with applicable laws, rules and regulations, and institutional policies and to define the responsibilities of the Compliance Advisory Committee, Vice Presidents, and individuals in meeting and maintaining compliance requirements.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

University Policy #1002 – Code of Ethics, Goal # 1 – “We will maintain the highest level of ethical standards, and comply with all applicable laws and regulations and University policies.”

C. DEFINITIONS

Compliance Advisory Committee – A University-wide group made up of key individuals knowledgeable of compliance issues, whose chair is the Vice President for Administration and Finance.

Compliance Registry - A database of compliance requirements that includes a description of the activity, reporting requirements, regulation or other citable reference, responsible vice presidential area, responsible office, responsible position number and title, and status of compliance.

Compliance Requirements – Federal and State laws, rules, regulations, standards and institutional policies and procedures that University employees, students, volunteers and vendors are expected to be aware of and in compliance with.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and vendors. Employees include all staff, administrators,
faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Volunteers include individuals who perform services in support of the University’s mission without promise, expectation, or receipt of compensation for services rendered. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Vendors are those individuals who have a relationship with the University by virtue of a contract.

E. POLICY STATEMENT

Compliance with laws, rules, and regulations that govern the University is an ever growing responsibility of the University and is mandated by a number of oversight agencies and organizations that impose requirements on the University. The risks of non-compliance can be significant, and may include, but are not limited to, loss of accreditation, reputation, and/or funding, financial and non-financial penalties, and potential criminal prosecution.

This policy outlines the University’s compliance structure and responsibilities in its commitment to fostering an institutional culture of ethical conduct and adherence with compliance requirements. University compliance is a shared responsibility among all employees, students, volunteers, vendors and the Compliance Advisory Committee, whose responsibilities are described below.

Vice Presidents are responsible for promoting compliance awareness and responsibilities within their respective organizations; maintaining an inventory of all compliance requirements for units within their organizations; and developing programs, processes, and internal controls to ensure compliance requirements are being met.

All University employees, students, volunteers and vendors are expected to be aware of and comply with any compliance requirements that are applicable to their respective status and responsibilities within the University. They are also responsible for being cognizant of any changes in the compliance environment that may impact these responsibilities and, where applicable, cooperating with other affected units of the University in order to ensure compliance requirements are met for the University as a whole.

The role of the Compliance Advisory Committee is to promote compliance awareness among the University’s academic and administrative units. These duties include:

- Promoting effective communication and collaboration among those responsible for compliance;
- Monitoring emerging compliance trends and disseminating information as needed;
- Serving as a resource in developing or improving compliance related processes;
- Working with the University’s Policy Review Committee to ensure development of policies and procedures required for current or future compliance requirements; and
- Making recommendations to senior management as to any resources or actions required for University compliance.

F. PROCEDURES
1. The Vice President for Administration and Finance (or designee) will chair the Compliance Advisory Committee and will consult with the other Vice Presidents to appoint members of the Committee. The chair determines the scope and frequency of meetings of the Committee in the fulfillment of its duties as outlined in this policy.

2. The Vice Presidents will maintain an inventory of all compliance requirements for the units within their organizations. The inventory should include the position number and title of the employee(s) responsible for each compliance requirement and any associated reporting requirements. The inventories will be submitted to the Compliance Advisory Committee at the request of the chair, or as changes are made throughout the year. The lists submitted by the Vice Presidents will be used to update the Compliance Registry maintained by the Committee. Vice Presidents should ensure that position descriptions for those employees who have been identified as responsible for meeting compliance requirements include compliance as a core responsibility that is evaluated during the annual evaluation process. On an annual basis as determined by the Compliance Advisory Committee, Vice Presidents will be required to submit a current status report on each compliance requirement within their organizations.

3. The Vice President for Administration and Finance will report on the activities of the Compliance Advisory Committee to the Board of Visitors Audit and Compliance Committee on a periodic basis.

G. RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director of Special Projects, Office of Administration and Finance

I. RELATED INFORMATION

University Compliance Website
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Robert E. Clark  November 19, 2019
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  October 22, 2019
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois  November 20, 2019
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright  November 20, 2019
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  November 21, 2019
President  Date

Policy Revision Dates:  May 16, 2013; November 21, 2019

Scheduled Review Date:  November 20, 2024
A. PURPOSE

The purpose of this policy is to establish the University’s framework for compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and implementing regulations to the extent applicable to Old Dominion University.

B. AUTHORITY

- **Code of Virginia Section 23.1-1301, as amended**, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the **Board of Visitors Bylaws** grants authority to the President to implement the policies and procedures of the Board relating to University operations.

- **Health Information Technology for Economic and Clinical Health Act of 2013 (HITECH)**

- **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

- **Family Educational Rights and Privacy Act (FERPA)**

- **Government Data Collection and Dissemination Practices Act, Code of Virginia Section 2.2-3800 et seq., as amended**

- **Code of Virginia Section 23.1-2000 et seq., as amended**

- **Code of Virginia Section 32.1-127.1:03, as amended**

- **Bylaws of the Old Dominion University Board of Visitors, Article VI, §6.01 (c) (7)**

C. DEFINITIONS

- **Access** - The ability to read, enter, copy, query, download, or update individually identifiable health information.

- **Business Associate** - A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.
Contact Person - The position designated to receive complaints under this policy and provide further information about matters covered by the University’s Notice of Privacy Practices.

Covered Function - Any function the performance of which makes the entity a health care provider.

Covered Units - A department/unit is designated as a covered unit if it performs HIPAA covered functions, or engages in activities that would make it a business associate of another ODU covered unit or a business associate of an entity outside of ODU. The ODU HIPAA Compliance Committee is responsible for designating and identifying the ODU departments/units that are covered units and thus subject to HIPAA, based on performance of covered functions, and these shall be maintained by the HIPAA Privacy Official.

HIPAA Compliance Committee - The HIPAA Compliance Committee assists the HIPAA Privacy Official in the adoption and implementation of policies and procedures for University HIPAA compliance.

HIPAA Privacy Official - An individual responsible for adoption and implementation of the general policies and procedures for the University’s HIPPA Compliance Program and posting notices on the University’s website (45 CFR § 164.530).

Hybrid Entity - A covered entity that performs both covered and non-covered functions as part of its business functions. Hybrid entities are required to create adequate "firewalls" between the part of the entity that performs covered functions and non-covered functions.

Human Subjects Review Committee (HSRC) - An entity that reviews all proposed research involving human subjects to ensure that the subjects' rights and welfare are adequately protected and approves HIPAA waivers for research purposes.

Individually Identifiable Health Information - Information that is a subset of health information, including demographic information collected from an individual, and:

- is created or received by a health-care provider, health plan, employer, or health care clearinghouse; and
- relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
- identifies the individual; or
- there is a reasonable basis to believe the information can be used to identify the individual. (45 CFR § 164.501).

Notice of Privacy Practices ("NPP") - Statutory requirement that assures an individual has a right to adequate notice of the uses and disclosures of PHI that may be made by the hybrid entity, and of the individual’s rights and the hybrid entity’s duties with respect to PHI. (45 CFR § 164.520).
Protected Health Information ("PHI") - Individually identifiable health information, but not including individually identifiable health information in education records covered by FERPA. (45 CFR § 164.501).

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution that have access to individually identifiable health information. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

It is the policy of the University that the security of health-care-related information and the privacy of individuals be protected to the maximum extent possible, in accordance with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2013 (HITECH), other applicable statutes, and with the overall responsibility of the University to support the privacy rights and concerns of its members.

The University has elected to be a “Hybrid Entity,” as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and performs both covered and non-covered functions as part of its operation. University departments or units may have to comply with HIPAA based on the interaction they have with the covered units.

Other units of the University may from time to time have access to Protected Health Information ("PHI") to perform business or professional services requiring access to PHI on behalf of the Provider and Health Plan components. These service units will not use or disclose the PHI created or received from or on behalf of the covered units in an impermissible manner and will appropriately safeguard the information. Those in service units who access PHI will complete HIPAA training prior to accessing the PHI and will have access only to the information they need to perform the service. Service units will provide information about their use or disclosure of PHI to the covered units and the University's Privacy and Security Officer as necessary for covered units to comply with HIPAA.

The University will establish appropriate safeguards to ensure that covered units do not inappropriately disclose PHI to another unit of the University and that covered units' workforce members use and disclose PHI received from the covered units only as permitted or required by State and Federal law.

The University will cooperate with the Secretary of the U.S. Department of Health and Human Services ("Secretary") as required for complaint investigations and compliance reviews. The University will respond to questions and complaints regarding privacy and security of PHI at the University and will resolve the complaints as appropriate.
The University will not sanction and will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against persons who file complaints with the Secretary, persons who testify, assist or participate in an investigation, compliance review, proceeding or hearing, or a person opposing any act or practice that is unlawful provided that the person had a good faith belief that the practice complained about is unlawful and the manner of opposition is reasonable and does not involve an unlawful disclosure of PHI. Any individual who feels that he or she has been retaliated against as a result of such participation should refer to University Policy 3020, Whistleblower Retaliation Policy, for additional guidance.

The HIPAA Program is administered by the HIPAA Privacy Official. The HIPAA Privacy Official, designated by the Vice President for Administration and Finance, is responsible for adoption and implementation of the general policies and procedures for University HIPAA compliance and posting same on the University’s website. The HIPAA Privacy Official may also designate additional departments within the University as covered units and subject to the requirements of this policy.

The HIPAA Privacy Official is assisted by a HIPAA Compliance Committee consisting of individuals who are primary stakeholders with regard to the use and protection of PHI. The HIPAA Compliance Committee will assist the HIPAA Privacy Official in the adoption and implementation of policies and procedures for University HIPAA compliance. Members of the HIPAA Compliance Committee will include the HIPAA Privacy Official and representatives from Information Technology Services, Information Security, designated covered units and the Office of University Counsel. Other members may be added at the discretion of the HIPAA Privacy Official.

The Associate University Counsel will serve as the Contact Person for purposes of this policy and is designated to receive complaints under this policy and provide further information about matters covered by the University’s Notice of Privacy Practices.

F. PROCEDURES

1. Covered Units are responsible for:
   
a. complying with this HIPAA policy and for developing operating procedures and forms as needed to implement and comply with such policies as are applicable, including appropriate administrative, technical and physical safeguards to protect the privacy of protected health information;

b. providing the HIPAA Privacy Official with current copies of their procedures and any forms or other HIPAA-related documents. The HIPAA Privacy Official may require a covered unit to change its procedures, forms or related documents; and

c. completing a Business Associate Agreement (BAA) with business associates that will use PHI for administrative, research, pricing, billing and/or quality-assurance purposes. A copy of the signed BAA will be provided to the Privacy Official.

2. Information Technology Services will provide technical support to covered units in order to meet the technical safeguards required to maintain HIPAA compliance.
3. All employees are required to report any potential breach of PHI immediately to the Privacy Official. Some examples of breaches include:

a. Loss or theft of a laptop, external hard drive, thumb drive, or paper chart containing PHI

b. Access to PHI outside of an individual’s job responsibilities

c. Improper disposal of PHI such as failure to shred paper documents or securely delete electronic records prior to device disposal or repurposing

d. Misdirected mailings, emails, or faxes

e. Malware infection on electronic protected health information containing devices

The Privacy Official will follow the process detailed in Information Technology Standard 05.2.0, Data Breach Notification Standard, and will consult, as appropriate, with University officials on possible remedies.

4. Research

PHI may be utilized in research only after obtaining approval through a human subjects review by the Human Subjects Review Committee (HRSC). The HSRC will inform the HIPAA Privacy Official upon approval of a waiver.

5. Training

All covered units as well as departments whose employees have direct or indirect access to PHI will train employees (faculty, staff, students and volunteers) on policies and procedures with respect to PHI as required by HIPAA. Such training will be as necessary and appropriate for the members of the staff to carry out their functions. The HIPAA Privacy Official is responsible for providing training guidance and assistance.

Training shall be provided to all members and each new member shall be trained within a reasonable time after joining the workforce. Additional training will be provided to each member of a covered unit’s workforce whose functions are materially affected by any changes in HIPAA-related policies or procedures. Such training will be provided within a reasonable time after the material change becomes effective.

All covered units will maintain copies of the training materials and document that the required training has been provided. All training documents, including attendance rosters, will be forwarded to the HIPAA Privacy Official. The documentation will be retained in accordance with the General Schedules published by the Library of Virginia (LVA.)

6. Complaints

Complaints concerning HIPAA policies and procedures and/or compliance with those policies and procedures will be made in writing to the Contact Person. The Contact Person will investigate all complaints in a timely manner and provide a written determination to the parties involved (e.g., the complainant and the subject covered units) and to the HIPAA Privacy Official. The HIPAA Privacy Official will, after conferring with the Office of Human Resources, Provost and Vice President for Academic Affairs and Director, Student Conduct...
and Academic Integrity, recommend sanctions, as appropriate, and propose amendments to policies and procedures, as needed.

7. Waiver of Rights

Individuals will not be required to waive any of their rights, or the right to file a complaint under the HIPAA privacy regulations as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.

8. Mitigation

The University will mitigate, to the extent practicable, any known harmful effect of the use or disclosure, by the University or its business associates, of PHI in violation of its policies and procedures or the HIPAA privacy regulations.

9. Sanctions

Violation of this policy by University employees, students and employees of affiliated organizations may result in appropriate disciplinary action.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules. Specifically, GS-111/200238 for Institutional Review Board (IRB): Human Subjects Records (retained for six years following project completion) and GS-120/200349 for Health Insurance Portability and Accountability Act Records (retained for six years after the close of the calendar year).

H. RESPONSIBLE OFFICER

HIPAA Privacy Official

I. RELATED INFORMATION

U.S Department of Health & Human Services, Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records
Board of Visitors Policy 1450 - Faculty Sanctions
Board of Visitors Policy 1530 - Code of Student Conduct
University Policy 3505 - Information Technology Security Policy
University Policy 3700 - Records Management Policy
University Policy 4100 - Student Record Policy
University Policy 6600 - Standards of Conduct for Classified Employees
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Doug Streit ____________________________ July 25, 2019 ____________________________
Responsible Officer                          Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ________________________ May 28, 2019 ____________________________
Chair, Policy Review Committee (PRC)           Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois ________________________ July 25, 2019 ____________________________
Responsible Oversight Executive                Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance __________________________ July 31, 2019 ____________________________
University Counsel                          Date

Presidential Approval:

/s/ John R. Broderick ______________________ August 1, 2019 ____________________________
President                                  Date

Policy Revision Dates:  March 24, 2014; August 1, 2019

Scheduled Review Date:  July 31, 2024
A. PURPOSE

The purpose of this policy is to establish uniform guidelines in order to promote a work and education environment that is free from harassment and discrimination, as defined below, and to affirm the University’s commitment to foster an environment that emphasizes the dignity and worth of every member of the Old Dominion University community. This policy also details the process to address complaints or reports of retaliation, as defined by this policy.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Title IX of the Education Amendments of 1972
Title VII of the Civil Rights Act of 1964
Title VI of the Civil Rights Act of 1964
Equal Pay Act of 1963
The Age Discrimination in Employment Act (ADEA)
Americans with Disabilities Act (ADA)
Section 504 of the Rehabilitation Act of 1973
The Genetic Information Nondiscrimination Act of 2008
Virginia Governor’s Executive Order Number One (2018) - Equal Opportunity
Virginia Department of Human Resource Management Policy 2.35 - Civility in the Workplace
Board of Visitor Policy 1001 – The Mission of the University
Board of Visitor Policy 1012 - Resolution Adopting Executive Order Number One (2018) “Equal Opportunity”
C. DEFINITIONS

Administrative Leave – Leave granted with the approval of Human Resources to cover periods of investigation of wrongdoing and to provide paid leave during the time management renders a decision on investigative results.

Complainant - A University community member or visitor who files a complaint under this policy.

Complaint - The written document or verbal statement of alleged facts used to initiate action under this policy.

Complaint Commencement Date - The date on which the complainant provides a written complaint or a verbal statement that includes a statement of alleged facts describing the offense.

Consensual Relationship – Two or more individuals (including spouses and partners) involved by mutual consent in a romantic, physically intimate, and/or sexual relationship.

Day - A business day. When the end of a specified period of days falls on a day when classes are not scheduled, that period shall be deemed to end on the next scheduled class day. (Example: A specified time period will not end during spring break or on any day between the end of the last summer session and the first scheduled class day of the fall semester. The specified time period will be continued until the next official class day.)

Discrimination - Inequitable and unlawful treatment based on an individual's protected characteristics or statuses – race (or traits historically associated with race including hair texture, hair type, and protective styles such as braids, locks, and twists), sex, color, national origin, religion, age, veteran status, sexual orientation, gender identity, pregnancy, genetic information, political affiliation, marital status, disability, or any other status protected by law -- that excludes an individual from participation in an educational program or activity, denies the individual the benefits of an educational program or activity, treats the individual differently or otherwise adversely affects a term or condition of an individual's employment, education, living environment or participation in an educational program or activity. Discrimination does not have to include intent to harm or involve repeated incidents.

Harassment - A form of discrimination in which unwelcome verbal, written, or physical conduct is directed toward an individual on the basis of his or her protected characteristics or statuses by any member of the University community. Harassment does not have to include intent to harm or involve repeated incidents. Harassment violates this policy when it creates a hostile environment, as defined below or when enduring the conduct becomes a condition of continued employment.

Hostile Environment - May be created by unwelcome conduct that is sufficiently severe, persistent or pervasive and objectively offensive that it interferes with, limits or denies the ability of an individual to participate in or benefit from educational programs, services, opportunities, or activities or the individual's employment access, benefits or opportunities. Mere subjective offensiveness is not enough to create a hostile environment. In determining whether conduct is severe, persistent or pervasive and thus creates a hostile environment, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals' education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a “reasonable person” in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.
Respondent - An employee, student or affiliate of the University or visitor against whom a complaint under this policy is filed.

Retaliation - Overt or covert acts of discrimination, harassment, interference, intimidation, penalty, reprisal or restraint against a group or individual exercising rights under this policy or cooperating in an investigation of complaints under this policy. Retaliation shall be deemed to constitute harassment and, therefore, will be considered a separate violation of this policy.

Sexual Harassment - A form of discrimination based on sex. It is defined as unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature including: verbal (e.g., specific demands for sexual favors, sexual innuendoes, sexually suggestive comments, jokes of a sexual nature, sexual propositions, or sexual threats); non-verbal (e.g., sexually suggestive emails, other writings, articles or documents, objects or pictures, graphic commentaries, suggestive or insulting sounds or gestures, leering, whistling, or obscene gestures); or physical (e.g., touching, pinching, brushing the body, any unwelcome or coerced sexual activity, including sexual assault). This conduct is sexual harassment when it constitutes a term or condition of employment and/or hostile environment as described above. Sexual harassment can involve persons of the same or different sexes. Sexual harassment may also include sex-based harassment directed toward stereotypical notions of gender identity or a failure to conform to those gender stereotypes.

The types of sexual harassment prohibited by this policy are (1) Term or Condition of Employment (often referred to as "quid pro quo" harassment), which occurs when the terms or conditions of employment, educational benefits, academic grades or opportunities, living environment or participation in a University activity are conditioned upon, either explicitly or implicitly, submission to or rejection of unwelcome sexual advances or requests for sexual favors, or such submission or rejection is a factor in decisions affecting that individual’s employment, education, living environment, or participation in a University program or activity; and (2) Hostile Environment, which occurs when verbal, non-verbal and/or physical conduct is sexual and/or based on sex, gender, gender identity or sexual orientation (actual or perceived), and is sufficiently severe, persistent or pervasive and objectively offensive that it interferes with, limits, or denies the ability of an individual to participate in or benefit from the educational programs, services, opportunities, or activities or the individual’s employment access, benefits or opportunities. Mere subjective offensiveness is not enough to create a hostile environment. In determining whether conduct is severe, persistent or pervasive and thus creates a hostile environment, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals’ education or employment; (b) the nature, scope, frequency, duration and location of the incident(s); (c) the identity, number and relationships of persons involved; and (d) the perspective of a “reasonable person” in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.

D. SCOPE

This policy applies to conduct on property owned, leased or controlled by the University involving students, employees, employees of affiliated organizations who are paid through the University, visitors to the institution, contractors working on campus who are not University employees, and students and employees participating in University-sponsored activities. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through and operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors
include, but are not limited to, vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased or otherwise controlled by the University. This policy also is applicable to any conduct that occurs on non-University property that has continuing effects that create a hostile environment on campus. To the extent that the alleged conduct would satisfy the definition of sexual harassment under both this policy and the Policy on Title IX, the Policy on Title IX will supersede this policy for resolution of complaints and reports of such alleged conduct.

To the extent that this policy incorporates certain provisions of Virginia’s Civility in the Workplace Policy, conduct that violates those provisions and that occurs outside of the workplace may be grounds for disciplinary actions, up to and including termination, when the conduct has a sufficient nexus to the workplace or the University’s operations, services, or reputation.

E. POLICY STATEMENT

The University is committed to promoting a work and education environment that is free from harassment and discrimination based on race, sex, color, national origin, religion, age, veteran status, sexual orientation, gender identity, disability, pregnancy, political affiliation, marital status, and genetic information, or based on any other status protected by law. The University will take steps to prevent recurrence of harassment and/or discrimination when incidents occur, remedy any discriminatory effects on the complainant and others (including measures to protect other students, if appropriate), and address complaints or reports of retaliation.

F. PROCEDURES

The Role of the Office of Institutional Equity and Diversity (OIED)

The OIED serves as an impartial resource for the resolution of concerns and complaints under this policy. Therefore, the OIED does not serve as an advocate for either the complainant or the respondent. The OIED will explain to all identified parties the procedures outlined below, including confidentiality. The OIED will provide all identified parties with information regarding the complaint procedure, including the availability of informal resolution options.

The OIED will explain to all involved parties the process of a prompt, reliable, and impartial investigation, including the opportunity for both the complainant and respondent to review and respond to the allegations, identify witnesses, provide other evidence, and review and/or respond to evidence. The OIED will explain to all identified parties the right to have a personal advisor present. Personal advisors may only advise their party and may not participate directly in the complaint process. For instance, advisors may not make oral or written argument or speak on behalf of the party. Finally, OIED will explain to the parties and witnesses that retaliation for reporting alleged discrimination or harassment or participating in an investigation of an alleged violation, is strictly prohibited and that any retaliation should be reported immediately and will be addressed promptly.

Complaints and Reporting

Complaints of discrimination and harassment should be made to the OIED. The OIED is responsible for overseeing the investigation of all complaints and reports of alleged discrimination, harassment, and retaliation and is trained to help individuals who file complaints find resources, investigate complaints, and informally resolve matters as appropriate. Complaints under this policy can be filed by using the online complaint form.

An individual who is no longer a member of the University community or a visitor, but who was a
member or a visitor when at least a substantial portion of the alleged wrongful behavior occurred, is eligible to file a complaint. A complaint filed by a complainant who has no further connection with the University, or against a respondent who has no further connection with the University, may be dismissed by the OIED if the University has no means to take appropriate steps to eliminate the discrimination/harassment, prevent its recurrence, or address its effects.

Complainants are encouraged to report matters to the ODU Police Department or local law enforcement in instances involving a possible criminal violation and will not be dissuaded by the University from doing so at any time. The University also strongly encourages all individuals who may witness or otherwise know of a suspected violation of this policy to report it to the appropriate University official.

Anonymous complaints may also be filed by using the complaint form which can be submitted online or hand-delivered. Complaints may also be initiated by scheduling a meeting with an OIED investigator and providing a verbal statement. Nevertheless, individuals who believe they have been the subject of conduct in violation of this policy are encouraged to make detailed written statements of the facts, including the name(s) of the offending individual(s) and any witness(es), promptly after an incident. It is a violation of this policy for a student or an employee to interfere with an individual’s right to file a complaint under this policy.

Complainants will be contacted within three business days after the date of the complaint or report by a member of OIED. Third-party reporters will be contacted as necessary to gather additional information.

Criminal Reporting and Coordination

The OIED will make all complainants aware of the right to also file a report with the Old Dominion University Police Department (ODUPD) or local law enforcement agency in cases involving potential criminal activity. The University will comply, to the fullest extent legally permissible, with all requests by the ODUPD or local law enforcement for cooperation in investigations. Such cooperation may require the OIED to briefly suspend the fact-finding aspect of a TIX investigation detailed in the procedures below while the ODUPD or the local law enforcement agency gathers evidence. The OIED will promptly resume any investigation once the University is informed that the ODUPD or local law enforcement has completed the evidence-gathering phase of the criminal investigation. Otherwise, the OIED’s investigation will not be altered or precluded on the grounds that criminal charges involving the same incident have been filed or that charges have been dismissed or reduced.

Confidentiality, Privacy, and Anonymity Requests

Every effort will be made to respect and safeguard the privacy interests of all individuals involved in a manner consistent with the need for a careful assessment of the allegation and any necessary steps to eliminate the conduct, prevent its recurrence, and address its effects. Information related to a report or complaint under this policy will only be shared with those individuals who need to know in order to assist in the active review, investigation, or resolution of the concern. While not bound by confidentiality, these individuals must be discreet and respect the privacy of all individuals involved in the process. OIED may be limited in the ability to investigate an anonymous complaint unless sufficient information is furnished to enable the OIED to conduct a meaningful and fair investigation.

If the complainant requests confidentiality, anonymity, or that an investigation not be conducted, the University may be limited in the actions it is able to take and its ability to respond while
respecting the request. The OIED will take all reasonable steps to respond to the complaint consistent with the request.

**Timely Warnings**

The University is required by Federal law to issue timely warnings for reported incidents that pose a substantial threat of bodily harm or danger to members of the University community. The University will ensure [to every extent possible] that a victim's name and other identifying information is not disclosed, while still providing enough information for members of the University community to make decisions to address their own safety in light of the potential danger. For more information on Timely Warning see [University Policy 3012 - Safety and Security Policy](#).

**Consensual Relationships**

Employees, whether faculty or staff, shall not engage in a consensual relationship with students when the employee has a “position of authority” with respect to the student in such matters as teaching or otherwise evaluating, supervising, advising, or coaching a student as part of a University program or employment situation. Likewise, a supervisor and an employee shall not engage in a consensual relationship. The University views such relationships as a conflict of interest. Employees have a duty to comply with the University’s Conflicts of Interest policy.

A faculty member or graduate assistant who enters into a consensual relationship with a student or supervisor who enters into a consensual relationship with an employee where a “position of authority” exists should be aware that, if a charge of sexual harassment is subsequently filed, it will be exceedingly difficult to prove a defense on the grounds of mutual consent.

If conduct of a sexual nature has occurred or is occurring in an apparently consensual relationship, and, if a complaint of sexual harassment regarding such conduct is filed by the student against the faculty member or graduate assistant, or by the employee against the University official, then sexual harassment shall be presumed in such cases when:

1. The relationship is between a faculty member or graduate assistant and a student and:
   a. The faculty member or graduate assistant is in a position to determine the student’s grade or otherwise affect the student’s academic performance or advancement; and
   b. The relationship began after the faculty member or teaching assistant was in such a position.

2. The relationship is between an employee and a University official who is in a position to supervise the employee or otherwise influence the conditions of the employee’s work, and the relationship began after the supervisor was in such a position.

**Informal Resolution Procedure**

1. Informal Discussion: The OIED shall encourage an employee or student who has a complaint of alleged discrimination or harassment to discuss the complaint with the individual who took the action that is the basis for the complaint.

2. Informal Resolution: Both parties to the complaint shall attempt to effect a resolution of the complaint through informal discussions. The OIED may advise parties of informal resolution options and may facilitate resolution of the complaint or report.
3. The complainant may request, at any time during the informal process, to proceed with a formal complaint, as described below.

Although there are no time limitations for filing a complaint, the passage of time may impact the University’s ability to investigate and/or resolve the complaint.

**Formal Resolution Procedure**

1. A formal complaint may be submitted either in written format or through a verbal interview of the complainant. The complainant is not required to submit a written complaint to the OIED to commence an investigation. In the case of a reported concern by a third party, a member of the OIED’s staff will contact the third party and they will be instructed to refer the alleged victim to the complaint process. The complaint may be supplemented by additional supporting documents, evidence, recommendations for witnesses to be interviewed during the course of the investigation. The complainant must also disclose if a formal complaint has been filed with another university, State, or Federal entity for the same offense.

2. The OIED also will confirm that the matter involves an alleged violation of this policy, thereby conferring jurisdiction to the OIED. If it is determined that the OIED does not have jurisdiction, a referral will be made to the appropriate on-campus or off-campus resources to address the issues.

3. A formal complaint will be assigned to an investigator from the OIED’s staff, and co-investigators may be assigned as appropriate. Externally trained investigators may be assigned in certain cases if appropriate. All investigations of complaints alleging violations of this policy shall be overseen by the Director of Equity and EO/AA.

4. The OIED will discuss the complaint with the complainant and the respondent as appropriate, including providing information about the formal investigation procedure and resources. The OIED will explain to the parties that each has the opportunity to provide evidence and to suggest witnesses to be interviewed during the course of the investigation.

5. The OIED will advise each party that they have the right to an advisor and that neither party’s advisor will be permitted to speak to participants other than quietly to the advisee in any process. Advisors violating this requirement may be asked to leave or refrain from participation. The advisor is not permitted to question witnesses or make oral or written argument on behalf of the party being advised. If lawyers or other advisors are permitted in any stage of the proceedings, they must be permitted equally for both parties.

6. The investigator(s) will consider whether involvement of other University administrators is appropriate.

7. The investigator(s) will conduct a prompt, adequate, reliable, and impartial investigation of the complaint. All parties will be notified of the expected time frame.

8. Both the complainant and respondent will have the same opportunity to review and respond to evidence obtained during an investigation before the investigation reports are released. The University shall strive to make the process transparent and fair to all parties.

9. The investigator(s) shall prepare a written investigation report fairly summarizing the relevant evidence. The report shall be provided to both the complainant and the respondent concurrently.
10. Reporting the Investigation Results:

   a. In the case of a student respondent, once the investigation is completed, the investigation report shall be provided to the Office of Student Conduct and Academic Integrity for evaluation and determination of responsibility.

   b. In the case of a faculty member respondent, once the investigation is completed, the investigation shall be provided to the Provost or designee for evaluation and determination of responsibility.

   c. In the case of all other employees, once the investigation is completed, the investigation report shall be provided to the respective Vice President or designee for evaluation and determination of responsibility.

11. Determinations of responsibility under this policy shall be made using the preponderance of the evidence standard. Preponderance of the evidence means that it is more likely than not, or greater than 50%. The parties will be informed in writing of the determination within 15 business days from the issuance of the investigation report. The written determination should include a rationale explaining the reason(s) for the decision. The OIED shall be provided a copy of the written determination.

Appeals

1. General Considerations: The parties must have an equal opportunity to present relevant information in the appeals.

2. A complaint involving a student as respondent may be appealed by either party as allowed by the Code of Student Conduct.

3. A complaint involving a faculty member, Administrative and Professional (AP) faculty member, or classified employee as respondent may be appealed to the OIED within 15 business days from issuance of the written determination of finding on the following bases:

   a. There is new evidence that may change the outcome of the case.
   b. There was a conflict of interest in either the investigation or the determination of responsibility that affected the outcome of the case.
   c. There was a procedural inconsistency in either the investigation or the determination of responsibility that affected the outcome of the case.

   The Director of Equity and EO/AA will designate an appellate officer to make a final determination on appeal.

4. This policy does not amend any rights that inure to employees arising from Board of Visitor or University policies or the policies of the Commonwealth of Virginia (i.e., Grievance Policies).

Sanctions

1. Sanctions for students will be determined in accordance with student regulations and policies. Sanctions may include, but are not limited to, disciplinary penalties described in the Code of Student Conduct, suspension or dismissal/ expulsion.

2. Sanctions for teaching and research faculty will be determined by the Provost in accordance with the Teaching and Research Faculty Handbook. Possible sanctions include, but are not
limited to, counseling, training, or the initiation of termination proceedings.

3. Sanctions for AP faculty and other non-classified staff shall be determined by the supervisor of the employee in consultation with the Department of Human Resources and in accordance with Board of Visitors Policy 1490, Administrative and Professional Faculty. Possible sanctions include, but are not limited to, counseling, training, reassignment, or the initiation of termination proceedings.

4. Sanctions for classified employees will be determined by the supervisor of the employee in consultation with the Department of Human Resources in accordance with the Commonwealth’s Standards of Conduct Policy. Sanctions that may be imposed by the University include, but are not limited to, verbal counseling, additional training, and issuance of a Written Notice, suspension, or termination of employment.

5. The University reserves the right to require a Contractor to remove from campus any employee who violates this policy. Contractors shall assign for duty only employees acceptable to the University.

6. Visitors who violate this policy will be directed to leave campus immediately and may be subject to a permanent ban from campus.

7. The OIED shall be notified of any sanctions imposed. Complainants may not always be informed of sanctions imposed due to applicable privacy laws and personnel practices.

Deferral of Action

Should a discrimination, harassment, or retaliation complaint be raised in another internal procedure (for example, in the student conduct process or faculty grievance process), the other internal procedure may be deferred until the conclusion of this discrimination procedure.

Complainants may pursue external complaints with State and Federal agencies. These agencies include but are not limited to the Commonwealth of Virginia Department of Human Resource Management, the U.S. Equal Employment Opportunity Commission, the Office for Civil Rights, the U.S. Department of Justice, and the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs. Any external complaint of allegations covered by this policy will result in the dismissal of the internal complaint upon notice to the University that an external complaint has been filed.

G. RECORDS RETENTION

The OIED will maintain, in a confidential manner, all complaints, reports, witness statements, documentary evidence, written investigation reports, resolutions, and appeal hearings and associated documents for a period consistent with Federal and State record retention policies for paper or electronic files. Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Interim Assistant Vice President for Institutional Equity and Diversity

I. RELATED INFORMATION
University Policy 1008 – Policy on Title IX – Sexual Harassment and Sex or Gender-Based Discrimination
University Policy 6600 - Standards of Conduct for Classified Employees
University Policy 6602 - Classified Employees Grievance Procedure
POLICY HISTORY
******************************************************************************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Ariana Wright ___________________________    July 20, 2021 ___________________________
Responsible Officer    Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________    April 27, 2021 ___________________________
Chair, Policy Review Committee (PRC)    Date

Responsible Oversight Executive Approval to Proceed:

/s/ September Sanderlin ___________________________    August 3, 2021 ___________________________
Responsible Oversight Executive    Date

University Counsel Approval to Proceed:

/s/ James D. Wright ___________________________    July 20, 2021 ___________________________
University Counsel    Date

Presidential Approval:

/s/ Brian O. Hemphill ___________________________    August 6, 2021 ___________________________
President    Date

Policy Revision Dates:    March 16, 2015 (INTERIM); August 11, 2015; August 6, 2021

Scheduled Review Date:    August 6, 2026
A. PURPOSE

The purpose of this policy is to implement measures to promote the health, safety and security of members of the University community traveling for university-supported purposes, including but not limited to, study, research, internships, service, conferences, presentations, teaching, performances, non-athletic competitions, field work, recruiting, etc., and to provide guidance for those whose travel is not supported by the University.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to university operations.

C. DEFINITIONS

AlertTraveler™ – a mobile application that utilizes an individual’s travel itinerary to provide in country and city intelligence to assist in making informed decisions while traveling, safety and security alerts to let the traveler know of any events that could potentially impact travel or safety, and an instant check-option allowing the traveler to report his or her status back to administrators of the Travel Registry and travel advisors at the individual’s institution in case of an accident.

Center for Global Engagement – The organization responsible for coordinating activities that focus on Old Dominion University’s strategic commitment to campus-wide internationalization. The Center for Global Engagement (CGE) includes the Office of Study Abroad, the Office of Visa and Immigration Service Advising (VISA), the English Language Center, and an advisory representative from the Office of Risk Management.

Domestic Travel – Travel within the lower 48 states of the United States of America.

Executive Policy Group – The senior leadership team appointed by the University President to represent the academic, administrative, research and student affairs of the University and its closely affiliated organizations.

Global Travel - Travel outside the lower 48 states of the United States of America.
**Group Member** – Enrolled or registered participant, program employee (paid and unpaid faculty, staff or documented/approved volunteer), and authorized guest and dependent. Group membership may be subject to review by the University Travel Oversight Committee (UTOC).

**ODU Alerts** – Old Dominion University’s emergency alert and notification system capable of delivering messages to ODU faculty, staff, and student email addresses, land lines and cell phones. These messages include campus emergencies as well as campus and inclement weather and closures as they pertain to the entire campus community.

**Personal Travel** – To go from one place to another, as by automobile, train, plane, or ship for personal, family, or other purposes unrelated to university-supported purposes.

**Program Organizer** – The person responsible for the overall organization of group travel or the individual responsible for organizing his or her own University-supported travel. In addition, the program organizer is responsible for monitoring appropriate group constitution and adherence to this and all associated University policies.

**Recognized Student Organizations** – Student organizations that have completed the registration process and do not limit membership on the basis of race, color, religion, sex (including pregnancy), national origin, age, veteran status, disability, political affiliation, sexual orientation or genetic information except when permitted by law. Requirements that restrict membership on the basis of gender must be in full compliance with current University, State, and Federal laws and regulations. Recognition of an organization implies neither University approval or disapproval of the aims, objectives, and policies of an organization. Recognition does not preclude honorary and professional organizations from restricting their membership on the basis of clearly established and published criteria that have been approved as part of the recognition process, provided they do not deny membership on the basis of the statuses as described above.

**Registered Student Organization (RSO)** – A voluntary association of university students that has NO direct relationship to the University but upon completion of registration documents is entitled to certain privileges to include operating, meeting, advertising, and participating in activities on the University campus. This includes registered student organizations during their provisional status when known as provisional student organizations.

**Study Abroad Program** – Programs that are administered by the Center for Global Engagement. These typically include the following: faculty-led study abroad or study away programs, study abroad programs offered by affiliated/third-party providers that have been approved by CGE, and student exchange programs that have a formal agreement and are administered by the CGE.

**Study Abroad Approval Committee (SAAC)** – an approval body appointed by the Vice Provost for Faculty Affairs and Strategic Initiatives (or designee) and chaired by the Senior International Officer.

**University Travel Oversight Committee (UTOC)** – A committee made up of university faculty and administrative staff, appointed by the Vice President for Administration and Finance or designee, tasked to evaluate and approve proposals for travel to countries with elevated medical and security concerns, or proposals containing activities that cause concern.

**University-Supported Travel** - Travel supported by the University that must adhere to the Old Dominion University Risk Management Travel Policy (ODURMTP).
D. SCOPE

This policy applies to all employees and students who are approved participants in university-supported travel (hereinafter referred to as “Group Members”), except as noted below. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. This policy also applies to visitors who may be prohibited from traveling to the campus during times of Federal, State, local or campus emergencies. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

This policy does not apply to travel related to Intercollegiate Athletics, which is managed by a contracted travel agency.

E. POLICY STATEMENT

 Employees, students, and other approved participants who are traveling for university-supported purposes are required to register their travel using the Old Dominion University Travel Registry System.

Travel supported by Old Dominion University includes:

- Travel with an approved study abroad program through the Center for Global Engagement (CGE)
- Travel created, managed, organized, and/or supported through a university college, school or department (academic or other), including programs that involve an application process and participant selection
- Travel that expends University funds, to include grants, Foundation funds, scholarships, informal financial awards and/or financial aid
- Travel as a representative of the University in any capacity (credit or non-credit)
- Travel that fulfills Old Dominion University contractual agreements
- Travel that is necessary to achieve a degree requirement
- Travel for academic credit (directly through ODU or to be transferred through another University or accredited program)
- Travel for research, practica, internships/externships, field work, or conferences
- Travel for service learning organized by the University
- Travel under the aegis of the University for performances, humanitarian efforts, competitions (athletic, arts, etc.)
- Travel to an affiliated educational institution abroad
- Travel by recognized student organizations
- Travel for research leave abroad

Faculty (and dependents) on research leave abroad not related to the University (NOT using University funds, NOT representing the University, etc.) have the option to enroll in the University Travel Registry program and the international emergency medical and assistance services insurance.
Travel not supported by Old Dominion University includes:

- Personal travel
- Registered student organization travel
- Travel funded by an outside entity, during which the traveler will not be representing the University in any capacity
- Student travel to destinations with an elevated U.S. Department of State Travel Advisory as defined in Section F.4. (unless a waiver is granted by the University Travel Oversight Committee (UTOC)
- Employee or student travel to destinations with a Centers for Disease Control and Prevention (CDC) Warning Level 3 or higher as defined in Section F.5. (unless a waiver is granted by the UTOC)
- Group travel with undergraduate students that has not been approved by the home college/department, and approved by the Study Abroad Approval Committee and/or UTOC, if required
- Following the issuance of an evacuation order by the University, travel by a university employee or student to or in the pertinent geographic area, against the University’s instructions

F. PROCEDURES

1. University Travel Registry

University-supported travelers must register in the University Travel Registry. The University Travel Registry is a restricted-access database for maintaining key travel information for employees and students traveling both domestically and outside the United States of America for University-supported purposes. The University Travel Registry is the official and authoritative source of traveler information that forms the basis for the University’s emergency response protocols and communication strategy (e.g., elevated advisories, alerts, warnings, evacuation notices) when responding to a critical incident or emergency affecting University-supported travelers. The University Travel Registry is managed by the Office of Risk Management in coordination with the Center for Global Engagement (CGE).

The AlertTraveler™ application is a notification system downloadable to Android and IOS mobile devices to provide alerts on emergent situations. This is optional for most travelers unless otherwise specified. See Alert Traveler FAQ for more information.

2. Comprehensive International Insurance Coverage

a. All members of university-supported student groups are required to purchase the designated emergency medical and assistance services insurance policy from the University-approved vendor regardless of any alternative coverage they might have. This allows the University to respond to the needs of an entire group uniformly in the event of an evacuation or other emergency.

b. Participants and program organizers of alumni trips should refer to guidelines established by the Alumni Relations office. Refer to University Policy 5101, Education Abroad International Insurance Policy, for further guidance.

c. To meet the insurance requirements, the University has contracted with an insurance provider to provide emergency medical and assistance services coverage for claims for health/accident, emergency security evacuation, and repatriation of remains, amongst others. The University insurance policy does not cover personal travel; individuals are
strongly encouraged to purchase insurance against trip cancellation, trip interruption, and loss of personal property.

1) All group members participating in study abroad programs (for credit or not for credit) are required to carry international emergency medical and assistance services insurance administered through the CGE. University Policy 5101, Education Abroad International Insurance Policy, speaks to this requirement.

2) All group members participating in other international travel for university purposes are required to purchase international emergency medical and assistance services insurance. Registration in the University Travel Registry ensures enrollment of the traveler into this insurance coverage. For departments with international travelers, enrollment is managed by the Office of Risk Management and therefore, departments with international travelers will receive an Inter Department Transfer authorization request to fund this coverage within 30 days post travel.

3) Students traveling on any type of university-supported (for credit or not for credit) or global education activity are required to purchase the designated international emergency medical and assistance services insurance policy from the University-approved vendor. This includes recognized student organizations.

Registered student organizations or other student groups with a special interest are not university-supported and therefore are not eligible for the coverage mentioned above. These student groups are strongly encouraged to obtain coverage independently for all participants on each trip. The University Office of Risk Management can assist with this coverage. To inquire about coverage, a request for information should be sent no later than 45 days prior to the expected date of travel.

3. Global Travel Elevated Advisories, Notices and Restrictions

The University Travel Oversight Committee (UTOC) is a committee of faculty and administrative personnel from key units across the University, appointed by the Vice President for Administration and Finance (or designee). The committee evaluates and approves proposals for travel to countries with elevated medical and security concerns, or proposals containing activities that cause concern. The UTOC membership includes representatives from the Office of International Admissions (OIA), CGE, Student Engagement and Enrollment Services (SEES), Strategic Communication and Marketing (STRATCOMM), Office of Risk Management, Office of Emergency Management, Legal Counsel, Old Dominion University Research Foundation, University Police, Office of Academic Affairs, Office of Research, Human Resources, Finance, and academic departments. In cases of a travel-related emergency or crisis, the UTOC is responsible for implementing this policy and associated procedures as applicable and making recommendations to the Executive Policy Group.

With respect to travel advisories, alerts, notices, and restrictions, the UTOC is responsible for coordinating emergency and crisis responses using the information available in the Global Travel Registry and other resources.
4. U.S. Department of State Elevated Travel Advisories

   a. Student Travel: The University does not support student participation in educational activities in locations where a U.S. Department of State Travel Advisory Level 4 (Do Not Travel) has been issued, or to any region within a country with an elevated, persistent, or transient health, safety, or security issue (e.g., U.S. Department of State Travel Advisory Level 3 or Centers for Disease Control and Prevention (CDC) Level 2 or 3, or other unique safety issue concerning to the University). Students will not receive University sponsorship — including credit for academic programs, financial aid and scholarships, funding for research, or endorsement of co-curricular and extracurricular activities — if traveling to these countries without approval. All travel advisories are updated regularly and can be accessed at the U.S. Department of State website. See Section 6 for information on filing a petition/waiver for approval of travel to a prohibited area. Students are required to contact a CGE staff member prior to beginning the petition process to ensure the petition/waiver is warranted.

   b. Faculty/Staff Travel: The University does not support faculty and staff travel activities in locations where a U.S. Department of State Travel Advisory Level 4 (Do Not Travel) has been issued, or to any region within a country with an elevated, persistent, or transient health, safety, or security issue (e.g., U.S. Department of State Travel Advisory Level 3 or CDC Level 2 or 3, or other unique safety issue concerning to the University). Faculty and staff will not receive University support if traveling to these countries without approval. All travel advisories are updated regularly and can be accessed at the U.S. Department of State website. See Section 6 for information on filing a petition for approval of travel to a prohibited area.

   c. The UTOC reserves the right to withdraw its approval at any time, should the conditions presented in an application for approval change materially. The UTOC is also responsible for recommending whether to suspend an ongoing or previously approved program if significant health, safety, or security concerns are raised at any time.

5. Centers for Disease Control and Prevention (CDC) Travel Health Notices

   a. Domestic Travel Advisories. Group members on University-supported activities are prohibited from traveling to U.S. cities, counties, or states or coming to the University from U.S. cities, counties, or states where the CDC has issued a Domestic Travel Advisory. This applies across the board to all aspects of university programming whether it be educational, research, or outreach. Under extraordinary circumstances, departments can petition the UTOC for a waiver to allow for critical travel. Waivers can be applied for but are not guaranteed and can be revoked at any time as the situation progresses.

   b. Global Travel Warnings. Group members on University-supported activities are prohibited from traveling to countries or coming to the University from countries where the CDC has issued a Warning Level 3 travel notice or other areas that the UTOC deems inappropriate. This applies across the board to all aspects of university programming whether it be educational, research, or outreach. Under extraordinary circumstances, departments can petition the UTOC for a waiver to allow for critical travel. Waivers can be applied for but are not guaranteed and can be revoked at any time, as the situation progresses.
6. Waiver Requests

Requests for waivers to travel to restricted areas require the following information be sent to TravelRisk@odu.edu. The Waiver Request Form must include the following information:

a. Traveler’s affiliation to Old Dominion University
b. Traveler’s full trip itinerary from point of origin
c. Reason exception is warranted
d. Mitigations by the traveler and the sponsoring department
e. Enforcement mechanisms for planned mitigation
f. Any other relevant information

Further, University departments that anticipate receiving anyone (students, guests, or visiting scholars) from a country for which the CDC has issued a Warning Level 3 travel notice must inform the UTOC in writing no less than 30 days prior to arrival.

If there are any University-supported travelers already in the affected area at the time the CDC issues a Domestic Travel Advisory or Warning Level 3 Travel Notice, or the University identifies a domestic or international region as medically high risk for travelers, the UTOC will immediately advise those travelers to leave the affected area. Individuals may petition the UTOC (with appropriate documentation as requested by the committee) for a waiver to continue their activities on site. Travelers returning to the U.S. from a region with a Domestic Travel Advisory, a country with a CDC Warning Level 3 travel notice, or region otherwise identified by the UTOC, may not return to any University campus or activities until they have been asymptomatic from illness or disease for the prescribed isolation period. The University will use CDC and Virginia Department of Health guidelines when determining the required time without symptoms.

For further guidance regarding this policy provision, contact the Office of Risk Management.

7. Additional Requirements for Student Travel

The international traveler (see 7.a.) and the travel organizer (see 7.b.) shall discuss their planning for all learning experiences with CGE prior to engagement with the organizers to determine University coverage and involvement. The CGE will inform the UTOC of such trips being planned to sites that may be subject to Section F. 3-5 regarding Elevated Advisors, Notices and Restrictions.

a. University-Supported Travel

University-supported education abroad programs for university students include programs abroad designed for student groups and programs designed for individual students (which might include faculty-directed programs, such as summer graduate and undergraduate research experiences or internships, and programs governed by a student exchange agreement or a contract between the University and a foreign University or third-party provider; these may or may not be undertaken for credit). University employees organizing or leading individual students or groups of students overseas on non-credit and credit-bearing University-supported global educational experiences must have their program proposal reviewed and approved in advance by the Dean or designated administrator of the academic or business unit in which the program is based.
In addition, all study abroad programs must follow CGE procedures and receive final approval by the Study Abroad Approval Committee (SAAC). This committee is appointed by the Vice Provost for Faculty Affairs and Strategic Initiatives (or designee) and chaired by the Senior International Officer. It is comprised of at least three faculty/faculty administrators representing multiple colleges, Deputy Director(s) and Study Abroad Coordinator(s) of the Center for Global Engagement. The committee will consult with appropriate administrative entities as needed and will review proposed and existing programs with the purpose of ensuring that the University delivers study abroad opportunities that meet the academic needs of its students, faculty and staff and that all study abroad programming maintains standards of quality in the delivery of instruction, support services, and administration consistent with University standards in these areas and compliant with University policy and State and Federal law. To that end, the SAAC will assess a broad range of questions relative to ODU study abroad programs, bilateral exchange agreements, and third-party affiliations, including: academic alignment with the ODU curriculum; added value of program site; health, safety, and security; recruitment, participant selection, admission, orientation, participation, and re-entry programming; financial management; responsibilities of faculty and staff; institutional responsibilities; geographic representation; institutional liability; and host country considerations.

Students who participate in study abroad programs are responsible for complying with the current procedures established by the CGE. Students who fail to comply may face the following: (1) have a hold placed on their student records, (2) be excluded from the program and lose non-refundable deposits and payments, and/or (3) loss of access to university financial aid for the semester or term abroad.

b. Student Group Travel - Responsibilities of Program Organizers and Participants

Program organizers and participants in university-supported global travel (for credit or not for credit) designed for student group participation (with group defined as more than one student) are subject to the following requirements:

1) University employees organizing or leading individual students or groups of students overseas on non-credit and credit-bearing University-supported global educational experiences must have their program proposal reviewed and approved in advance by the Dean or designated administrator of the academic or business unit in which the program is based. Study abroad programs will also be reviewed by the SAAC according to the established procedures. Study Abroad Program proposals must be submitted to SAAC by June 1 for programs the following academic year (fall, spring, summer).

2) Exceptions to these deadlines for all study abroad programs may be considered on a case-by-case basis; study abroad-related requests for exceptions should be submitted to the SAAC as soon as practically possible, and the SAAC will inform the UTOC of any travel that may fall under the oversight of the UTOC as described herein. Requests for exception to all other education abroad should be submitted to the Office of Risk Management as soon as possible.

3) Study abroad program reviews should be completed periodically according to SAAC guidelines.

4) Program organizers are responsible for following the ODURMTP, which incorporates pertinent University policies, guidance for global travel, and procedures for gathering and submitting pertinent information.
5) Program organizers are responsible for ensuring that all group members have obtained international emergency medical and assistance services insurance through the University’s authorized vendor.

6) Additionally, group members must adhere to university guidelines for managing health, safety, and security abroad as outlined by the Office of Risk Management and Office of Emergency Management.

7) Student participants are responsible for paying the appropriate tuition and all related fees, as appropriate (e.g., ODU fees, program fee, CGE fees/study abroad administrative fees, etc.)

8) Program organizers may not allow any individuals other than approved group members to accompany the program.

   a) For groups of 15 or fewer students, faculty leaders must have an established plan to respond to situations preventing a student from continuing on the program’s planned itinerary with the rest of the group (for reasons of injury, hospitalization, lost passport, etc.) while at the same time providing for supervision of the rest of the group as they proceed with the program. These students must be accompanied by the faculty leader or his/her pre-approved designee until able to rejoin the group or return home.

   b) For groups of more than 15 students, a second designated individual must always be available to assist in such circumstances; this individual can also be assigned additional duties to support the faculty leader and may be drawn from faculty, staff, on-site personnel, and/or graduate students.

   c) For groups of more than 30 students, a third designated individual is required, more than 45 requires a fourth, and so on in increments of 15.

9) Individuals serving the program must do so by contractual agreement and be approved by department leadership and designated administrator or Dean. Their duties must be clearly defined, and they must be appropriately trained. Program organizers are prohibited from having non-ODU students, faculty, or staff (i.e., partners, family members, friends) accompany the program organizer during the program/travel. Program organizers can petition the UTOC for an exception to this prohibition if there are extenuating circumstances.

10) Group leadership is required to have a working means of communication (e.g., cell phone) through which they can be contacted at all times in case of an emergency. For international travel, international cell phone service for leadership of the group is mandatory. Program organizers will have an established communications plan that explains the protocol and expectations of all group members during individual free time and in the case of an emergency. Program organizers must establish respective responsibilities for emergency response for all group members and communicate these clearly. It is important that program organizers be aware of and regularly monitor the primary means by which the Office of Risk Management will maintain contact with them (currently email).
11) While the group member is abroad, should an emergency or incident (e.g., terrorist activity, a natural disaster, a public health alert, etc.) occur that could potentially jeopardize the safe continuation of the program and/or well-being of the group members, all travelers are responsible for contacting their program organizer and their listed emergency contacts to confirm their safety.

12) In order to be eligible to lead student programs abroad, individuals must attend the Risk Management/Emergency Management Program Organizer Training once every two years, at a minimum.

13) Program organizers must provide a comprehensive pre-departure orientation to all group members before departing the U.S. and another, more targeted, orientation within two days of arriving on site. All group members must attend.

8. Individual Student Travel - Responsibilities of Participants

Students participating individually (i.e., not as a member of an ODU group) on any study abroad program affiliated with the University (i.e., governed by a student exchange agreement, MOU, or contract provider) must:

a. Follow the established procedures to have their program reviewed and approved in advance by the CGE.

b. Purchase the requisite international emergency medical and assistance services insurance through the University’s authorized vendor or request a waiver. This waiver is only available to students returning to their home country, as determined by nationality or permanent residency, and who already have established insurance within their home country.

c. Follow this ODURMTP, which incorporates applicable university policies and guidance for global travel, and the procedures communicated by the CGE.

d. Comply with university guidelines for managing health, safety and security abroad as outlined/directed by the CGE.

e. For credit-bearing programs, pay the appropriate tuition and comprehensive fees (if relevant), program fee and CGE administrative fees.

f. Attend the required pre-departure orientation offered by the CGE.

Note: Credit-bearing global education programs supported by the University must be graded courses (A-F or P/F). All such programs must be taken for credit. Students enrolled in degree programs at other universities may petition the CGE to participate in ODU faculty-led programs. In order to petition they must gain admission to the University as non-degree-seeking students and meet all the criteria for admission to the program. Non-students who wish to participate in global education programs designed for student participation must do the same in order to be considered for participation.

9. Non-University-Supported Student Global Travel

a. University students or groups of students with special interests or needs (including Registered Student Organizations (RSO), which have no direct relationship with the
University) can opt to participate in a non-University-supported global education program, either through another University or a third-party provider; however, the University cannot guarantee these programs’ quality nor their safety.

b. University students, or groups of students, participating in a global education program that is not University-supported may do so independently. During their absence, students will not receive any University support or coverage. The University encourages independent travelers to obtain international emergency medical and assistance services insurance as well as trip cancellation and personal property insurance. U.S. citizens are advised to register their trip with the U.S. Department of State’s Smart Traveler Enrollment Program prior to departure.

10. Travel to the Campus

In the event of a declared national, state of Virginia, regional, or campus emergency, the eligibility for individuals to visit any University grounds or facilities and/or for students, faculty, and staff to return to university grounds or facilities may be restricted due to enforcement of mandated social distancing, self-isolation or quarantine, or essential personnel restrictions. This could include campus closures or partial closures imposed by the University, Commonwealth of Virginia, or the Federal government. In such cases, the UTOC and/or the Office of Emergency Management, in consultation with the Executive Policy Group, will advise the campus community of restrictions through periodic messaging and updates developed and issued by the Office of Strategic Communication and Marketing and ODU Alerts.

11. Failure to comply with this policy may impede the University’s ability to assist the traveler in emergency situations.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director of Risk Management

I. RELATED INFORMATION

University Policy 1051 – Business Travel Policy
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Robert Wells ___________________________ January 5, 2022
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ July 27, 2021
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Todd K. Johnson ___________________________ January 5, 2022
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson ___________________________ January 18, 2022
University Counsel Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D. ___________________________ January 24, 2022
President Date

Policy Revision Dates: October 1, 2022 (Interim Policy); January 24, 2022

Scheduled Review Date: January 24, 2027
A. PURPOSE

The purpose of this policy is to establish uniform guidelines to promote a work and education environment that is free from sexual misconduct, as defined below, and to affirm the University’s commitment to foster an environment that emphasizes the dignity and worth of every member of the Old Dominion University community. This policy also details the process to address complaints or reports of sexual misconduct and prohibits retaliation.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Title IX of the Education Amendments of 1972

Title VII of the Civil Rights Act of 1964

Equal Pay Act of 1963

Jeanne Clery Act (Clery Act)

Violence Against Women Reauthorization Act of 2013 (VAWA)

Code of Virginia Section 23.1-900

Executive Order One (2018)

Board of Visitors Policy 1001 – The Mission of the University

C. DEFINITIONS

Actual Knowledge - Actual knowledge means notice of allegations of sexual harassment as defined by Title IX to the University’s Title IX Coordinator or other Responsible Employee. Notice includes, but is not limited to, a report of sexual harassment as defined by Title IX to the Title IX Coordinator.
Administrative Leave - Leave granted with the approval of Human Resources to cover periods of investigation of wrongdoing and to provide paid leave during the time management renders a decision on investigative results.

Advisor - A person who gives advice and/or support to a party in the complaint process. Advisors may be, but are not required to be, attorneys; advisors may not be witnesses. While the advisor may provide support and advice, the advisor may not speak on behalf of the party or otherwise directly participate (except as specifically allowed under this policy), or in any manner disrupt any proceeding.

Campus Security Authority - As defined by the Clery Act, it is an official of the institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline and campus judicial proceedings.

Complainant – An individual who files a formal complaint under this policy. For purposes of this policy, the term “victim” may be used interchangeably with Complainant. This definition includes individuals who are alleged to have been subjected to conduct that could constitute sexual misconduct in a third-party report.

Complaint Commencement Date - The date on which the formal complaint is received.

Consensual Relationship - Two or more individuals (including spouses and partners) involved by mutual consent in a romantic, physically intimate, and/or sexual relationship.

Consent - Consent is knowing, voluntary and clear permission, by word or action, which a reasonable person would interpret as a willingness to participate in mutually agreed-upon sexual acts.

Important points regarding consent:
- Past consent to sexual activities, or a current or previous dating relationship, does not imply ongoing or future consent.
- Consent to some sexual activity (such as kissing or fondling) cannot be presumed to be consent for other sexual activity (such as intercourse).
- Consent may be withdrawn at any time.
- The existence of consent is based on the totality of the circumstances, including the context in which the alleged incident occurred.
- Incapacitation of an individual to consent to sexual activity, whether caused by age, disability, use of drugs or alcohol, or any other reason, may result in a determination that the individual was unable to provide necessary consent. The use of alcohol or drugs does not diminish one’s responsibility to obtain consent and does not excuse conduct that constitutes a violation of this Policy.

Consent cannot be inferred from:
- Silence, passivity, or lack of resistance alone
- Accepting a meal, a gift, or an invitation for a date
- A person’s manner of dress or flirtatious behavior

Dating Violence - Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. A social relationship of a romantic or intimate nature means a relationship that is characterized by the expectation of affection or sexual involvement between the parties. The existence of such a relationship shall be determined based on the reporting party’s statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. Dating violence
can be a single event or a pattern of behavior that includes, but is not limited to, sexual or physical abuse or the threat of such abuse. Dating violence does not include acts covered under the definition of domestic violence.

**Day** – Monday through Friday, excluding any day when the University is closed, unless otherwise specified.

**Deputy Title IX Coordinators** - The designated officials within the University who may receive reports of violations of this policy. They generally serve as the first point of contact and assist in initiating discussions about potential Title IX issues with the Office of Institutional Equity and Diversity (OIED) and the Deputy’s respective area. They assist with oversight of Title IX compliance requirements, including but not limited to training, data gathering, and reporting.

**Duties:**
- Facilitate communication between OIED and the person from their respective area who has reported the potential violation.
- Responsible for answering general policy and procedural inquiries and providing awareness about resources.
- Communicate between their respective department and OIED.
- Ensure complaint tracking system (Maxient) reports are made to OIED by the person who receives initial information.
- Assist with training efforts.
- Assist with data gathering and reporting for Title IX compliance.

**Domestic Violence** – A felony or misdemeanor crime of violence committed: (i) by a current or former spouse or intimate partner of the victim; (ii) by a person with whom the victim shares a child in common; (iii) by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner; (iv) by a person similarly situated to a spouse of the victim under the law of the Commonwealth of Virginia; or (v) by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family laws of the Commonwealth of Virginia including parents or stepparents. Domestic violence can be a single event or a pattern of behavior that includes, but is not limited to, sexual or physical abuse.

**FERPA** - The Family Educational Rights and Privacy Act (“FERPA”) is a federal statute codified at 20 U.S.C. § 1232g, with implementing regulations at 34 C.F.R. Part 99. FERPA protects the privacy of student education records. FERPA grants eligible students the right to access, inspect, and review education records, the right to challenge the content of Education Records, and the right to consent to the disclosure of education records.

**Formal Complaint** - A document filed by a Complainant or signed by the Title IX Coordinator (or designee) alleging sexual misconduct against a Respondent and requesting an investigation of the alleged sexual misconduct. A formal complaint may be filed in person, by mail or email, or via the online complaint form, and must be signed or otherwise indicate that the Complainant is the person filing the formal complaint. If the Title IX Coordinator (or designee) signs a formal complaint, the Title IX Coordinator does not become a Complainant or party during the complaint process.

**Incapacitation** - When a person lacks the ability to make informed, rational judgments about whether to engage in sexual activity. They are unable, temporarily or permanently, to give consent because of mental or physical helplessness, sleep, unconsciousness, or lack of awareness that sexual activity is taking place. A person may be incapacitated as a result of the consumption of alcohol or other drugs, or due to a temporary or permanent physical or mental health condition.
**Intimate Partner** - A person who has a close personal or sexual relationship.

**Intimidation** – An act, course of conduct, or an implied threat directed at a specific person that would cause a reasonable person to fear harm. For example, intimidation can occur when a person uses their real or perceived power, authority, or control to pressure another person to submit to sexual activity or other unwanted conduct that they might not have agreed to engage in otherwise. A person’s size, alone, does not constitute intimidation; however, a person can use their size or physical power in a manner that constitutes intimidation (for example, by blocking access to an exit).

**Mediation** – A confidential, fair, and voluntary process in which neutral, impartial mediators assist parties in exploring potential joint resolutions in a complaint. The mediators aid the parties in making decisions together, based on an understanding of their own views, the other’s views, and the situation they face.

**Party** - A Complainant or Respondent in the complaint process.

**Reasonable Person** - A person under similar circumstances with an ordinary degree of reason, prudence, care, foresight, or intelligence.

**Respondent** - An individual who has been reported to be the perpetrator of conduct that could constitute sexual misconduct.

**Responsible Employee** - Includes any employee who has the authority to take action to redress incidents in violation of this policy (including sexual harassment, sexual violence, dating and domestic violence, and stalking); who has been given the duty of reporting such incidents or any other misconduct to the Title IX Coordinator or designee; or whom an employee or student could reasonably believe has this authority or duty. All teaching and research faculty, graduate teaching assistants, graduate research assistants, residential assistants, law enforcement, and campus security authorities are Responsible Employees. Additionally, all employees in a supervisory role are Responsible Employees.

**Retaliation** - Overt or covert acts of discrimination, interference, penalty, reprisal or restraint against a group or individual who, in good faith, exercise their rights under this policy or participate in an investigation of complaints under this policy, including but not limited to direct and indirect intimidation, threats, and harassment. Charges against an individual for violations that do not involve sex discrimination or sexual harassment, for the purpose of interfering with any right or privilege secured by Title IX and this policy, constitutes retaliation. Complaints of retaliation may be addressed through the Discrimination Policy or Whistleblower Retaliation Policy.

**Sex or Gender-Based Discrimination** (also termed “Sex Discrimination”) - Adverse treatment of an individual based on sex or gender, rather than individual merit. Sex discrimination may include harassment and other abusive behavior, whether verbal or physical, that is based on sex or gender, including actual or perceived gender roles, including seeking sex or sexual favors. Examples of conduct that can constitute discrimination because of sex, sexual orientation, gender identity or gender expression include but are not limited to:

- Singling out or targeting an individual for different or adverse treatment (e.g., more severe discipline, lower salary increase)
- Failing or refusing to hire or allow participation by an individual in a university activity
- Terminating or removing an individual from employment or an educational program
Verbally harassing, abusing, or demeaning a targeted individual in a manner that is sufficiently severe, pervasive/persistent, and objectively offensive to have the effect of unreasonably interfering with an individual’s educational experience, working conditions, or living conditions by creating an intimidating, hostile or offensive environment.

**Sexual Assault** – is defined as:

- **Forcible Sex Offenses**: Any sexual act directed against another person without the consent of the Complainant including instances where the Complainant is incapable of giving consent.
  - Rape: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person without the consent of the Complainant.
  - Sodomy: Oral or anal sexual intercourse with another person, forcibly and/or against the persons will (non-consensual), or not forcibly or against the person's will in instances of where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
  - Sexual Assault with an Object: The use of an object or instrument to penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person's will (non-consensual) or not forcibly or against that person's will in instances where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.
  - Fondling: The touching of the private body parts of another person (buttocks, groin, genitalia, breasts, or the closing covering those areas) for the purposes of sexual gratification, forcibly and/or against that person's will (non-consensual) or not forcibly or against that person's will in instances where the Complainant is incapable of giving consent because of age or because of temporary or permanent mental or physical incapacity.

- **Non-Forcible Sex Offenses**:
  - Incest: Non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by the law of the Commonwealth of Virginia. (See Va. Code §18.2-366).
  - Statutory Rape: Non-forcible sexual intercourse with a person who is under the statutory age of consent in the Commonwealth of Virginia, which is 17.

**Sexual Exploitation** - Any act of taking non-consensual, unjust, or abusive sexual advantage of another person for one's own advantage or benefit or to benefit or advantage anyone other than the person being exploited. Sexual exploitation includes, but is not limited to:

- Causing or attempting to cause another person to be incapacitated in order to gain a sexual advantage over such person;
- Prostituting another person (i.e., personally gaining money, privilege, or power from the sexual activities of another);
- Non-consensual videotaping, photographing, or audiotaping of sexual activity or a person's intimate body parts (e.g., genitalia, breasts, buttocks), and/or non-consensual distribution of these materials via media such as, but not limited to, the Internet, or the threat of such distribution;
- Exceeding the boundaries of consent (e.g., allowing another person to observe consensual sex without the knowledge of or consent from all participants);
• Facilitating a violation of this policy through, for example, the intentional use of drugs or alcohol to incapacitate another person's ability to give consent to sexual activity, or aiding, promoting, encouraging, or being complicit in a violation of this policy by another person.
• Failing to use contraception, or deliberately removing or compromising contraception (Stealthing) without the other party's knowledge.
• Voyeurism; and
• Knowingly or recklessly transmitting a sexually transmitted disease to another individual.

Sexual Harassment – As defined by Title IX, it is any of three types of misconduct on the basis of sex which jeopardize equal access to education:
• Quid pro quo - an employee of the University conditioning the provision of an aid, benefit, or service on an individual's participation in unwelcome sexual conduct.
• Any unwelcome sex-based conduct that a reasonable person would find so severe, persistent/pervasive, and objectively offensive that it denies a person equal educational access. Unwelcome conduct on the basis of sex should be reviewed from the perspective of a reasonable person in the shoes of the Complainant such that age, abilities, and relative positions of authority of the individuals involved in an incident are taken into account.
• Any instance of sexual assault, dating violence, domestic violence, or stalking.

Non-Title IX sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature including: verbal (e.g., specific demands for sexual favors, sexual innuendoes, sexually suggestive comments, jokes of a sexual nature, sexual propositions, or sexual threats); non-verbal (e.g., sexually suggestive emails, other writings, articles or documents, objects or pictures, graphic commentaries, suggestive or insulting sounds or gestures, leering, whistling, or obscene gestures); or physical (e.g., touching, pinching, brushing the body, any unwelcome or coerced sexual activity, including sexual assault). This conduct is sexual harassment when it constitutes a term or condition of employment and/or hostile environment as described above. Sexual harassment can involve persons of the same or different sexes. Sexual harassment may also include sex-based harassment directed toward stereotypical notions of gender identity or a failure to conform to those gender stereotypes.

The types of non-Title IX sexual harassment prohibited by this policy are (1) Term or Condition of Employment (often referred to as "quid pro quo" harassment), which occurs when the terms or conditions of employment, educational benefits, academic grades or opportunities, living environment or participation in a University activity are conditioned upon, either explicitly or implicitly, submission to or rejection of unwelcome sexual advances or requests for sexual favors, or such submission or rejection is a factor in decisions affecting that individual's employment, education, living environment, or participation in a University program or activity; and (2) Hostile Environment, which occurs when verbal, non-verbal and/or physical conduct is sexual and/or based on sex, gender, gender identity or sexual orientation (actual or perceived), and is sufficiently severe, persistent or pervasive and objectively offensive that it interferes with, limits, or denies the ability of an individual to participate in or benefit from the educational programs, services, opportunities, or activities or the individual's employment access, benefits or opportunities. Mere subjective offensiveness is not enough to create a hostile environment. In determining whether conduct is severe, persistent or pervasive and thus creates a hostile environment, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals' education or employment; (b) the nature, scope, frequency, duration and location of the incident(s); (c) the identity, number and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.
Sexual Misconduct – any form of sexual harassment (Title IX and non-Title IX sexual harassment) and sexual exploitation, as defined in this policy.

Sexual Violence – Physical sexual acts perpetrated against a person’s will or where a person is incapable of giving consent.

Stalking – In the context of intimate partner relationships, it is a course of conduct directed at a specific person that would cause a reasonable person to:
  • Fear for his or her safety or the safety of others;
  • Suffer substantial emotional distress;

For purposes of this definition, "course of conduct" means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property. For purposes of this definition, “substantial emotional distress” means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling; and “reasonable person” means a reasonable person under similar circumstances and with similar identities to the victim.

Supportive Measures – Non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, without fee or charge, to the Complainant or Respondent, before or after the filing of a formal complaint or where no formal complaint has been filed. These services are designed to restore or preserve equal access to education, protect the safety of all parties involved as well as the safety of the University community, and deter violations of this policy. Supportive measures may include but are not limited to counseling, academic or housing adjustments, schedule adjustments, no-contact orders, escort services, and increased security or monitoring of certain areas of campus.

Third-Party Report - Any report of conduct that may constitute a violation of this policy submitted by an individual other than the Complainant.

Title IX Coordinator - The position designated by the University to coordinate the institution’s compliance with Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), as amended and related sexual harassment laws and regulations. The University's Title IX Coordinator has oversight responsibility for handling Title IX-related reports and complaints and for identifying and addressing any patterns or systemic problems involving sexual misconduct. The Title IX Coordinator or designee is available to meet with individuals who are involved with or concerned about issues or university processes, incidents, patterns, or problems related to sexual harassment or sex discriminated on campus or in university programs. All allegations involving sexual misconduct should be directed to the Title IX Coordinator or other designated university individuals or offices as outlined in this Policy. The name of, and contact information for, the University's Title IX Coordinator are listed in Appendix A to this Policy.

Title IX Liaison - Generally serves as a point of contact and assists in initiating discussions about potential Title IX issues with OIED and their respective area.

Duties:
  • Facilitates communication between OIED and the person who has reported the potential violation;
  • Responsible for answering general policy and procedural inquiries;
  • Communicates between their respective department and OIED; and
• Ensures complaint tracking system (Maxient) reports are made to OIED by the person who receives initial information.

**University Program or Activity** – Includes locations, events, or circumstances over which the University exercises substantial control over both the Respondent and the context in which the alleged conduct occurred. This also includes buildings owned or controlled by recognized student organizations.

**Witness** - A person other than a party to a complaint who has first-hand knowledge of an event or circumstance that is relevant to the case from personal observation or experience. An expert witness must have special knowledge or proficiency in a particular field that is relevant to the case in order to provide expert witness testimony. Parties are responsible for any costs related to securing expert witnesses.

**D. SCOPE**

This policy applies to conduct on property owned, leased, or controlled by the University involving students, student organizations/groups, employees, visitors to the institution, contractors working on campus who are not University employees, and students and employees participating in University-sponsored activities. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues regardless of whether the University’s programs are in session. Employees include all staff, administrators, faculty, full or part-time, classified, or hourly persons who are paid by the University. Visitors include, but are not limited to, vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

The University must respond to sexual harassment incidents as defined by Title IX that occur in University programs or activities, against a person in the United States, of which the University has actual knowledge.

To the extent that the alleged conduct would satisfy both the definition of Title IX and non-Title IX sexual harassment under this policy, the procedures for resolving concerns of Title IX sexual harassment will supersede. Conduct prohibited by this policy that does not fall within the scope or jurisdiction of Title IX may be addressed by following "Process B."

**E. POLICY STATEMENT**

The University is committed to promoting a work and education environment that is free from sexual misconduct. The University will take steps to prevent recurrence of sexual misconduct when incidents occur, remedy any effects on the Complainant and others (including measures to protect other students, if appropriate), and address complaints or reports of retaliation. It is a violation of this policy for any member of the University community to make an intentionally false accusation of sexual misconduct.

**F. PROCEDURES**

1. **Training**

   The University shall provide training to all employees likely to witness or receive reports of sexual harassment, including faculty, University law enforcement employees, administrators,
University counselors, general counsels, athletic coaches, health personnel, and resident advisors. Training for employees will include practical information about how to prevent and identify sexual misconduct; the behaviors that may lead to and result in sexual misconduct; the attitudes of bystanders that may allow conduct to continue and bystander intervention methods; the potential for re-victimization by responders and its effect on victims; appropriate methods for responding to a victim who may have experienced sexual misconduct, including the use of nonjudgmental language; the impact of trauma on victims; and, as applicable, the person(s) to whom such misconduct must be reported. Additionally, the training for Responsible Employees will explain the Responsible Employees’ reporting obligation, including what should be included in a report and any consequences for the failure to report, the procedure for responding to Complainant’s requests for confidentiality, and the process to provide the contact information for the University’s Title IX Coordinator. The University will train Responsible Employees to inform Complainants and/or Respondents of the reporting obligations of Responsible Employees; options to request confidentiality and available confidential advocacy, counseling, or other support services; and the right to file a complaint with OIED and to report a crime to campus or local law enforcement.

Individuals who conduct the complaint procedures under this policy will receive annual training on the issues related to dating violence, domestic violence, sexual assault and stalking and on how to conduct an investigation, how to conduct Title IX hearings, and how to conduct an appeal process in a way that protects the safety of individuals involved and promote accountability. Training should also encourage students and employees to report incidents of sexual misconduct. On-going training for all students will be provided in accordance with Federal law.

The University will publish training received by the Title IX Coordinator, Deputy Title IX Coordinators, Title IX Liaisons, investigators, decision-makers, and persons who facilitate informal resolutions on the University’s website or make the materials available upon request for inspection by members of the public.

2. Confidentiality, Privacy, Anonymity and Requests Not to Pursue an Investigation

For any third-party report and complaint under this policy, every effort will be made to respect and safeguard the privacy interests of all individuals involved in a manner consistent with the need for a careful assessment of the allegation and any necessary steps to eliminate the conduct, prevent its recurrence, and address its effects. Information related to a report or complaint under this policy will only be shared with those University employees who “need to know” in order to assist in the active review, investigation, or resolution of the matter, consistent with FERPA and other applicable privacy laws. While not bound by confidentiality, individuals must be discreet and respect the privacy of all individuals involved in the process. If a Complainant of conduct in violation of this policy or another reporting party wishes to keep a report confidential, such report must be made to licensed health care providers or licensed counselors and/or their support staff, or an accredited rape crisis or domestic violence counselor. These individuals are designated as confidential officials and are employed with University Counseling Services, Student Health Services, the Women and Gender Equity Center, and the YWCA of Hampton Roads. The Office of Student Engagement and Enrollment Services maintains the current directory of these staff members. A list of resources, including confidential resources, can be found here.

Confidential officials may encourage Complainants to report the incident to the ODU Police Department (ODUPD), the Title IX Coordinator, or local law enforcement agency. Responsible Employees, including student Responsible Employees, who otherwise happen to work with the
confidential officials in the areas listed above, cannot keep reports confidential. Responsible Employees receiving reports of conduct in violation of this policy are mandated to report the incident but will maintain privacy to every extent possible without compromising the University’s ability to investigate and respond in accordance with applicable law and regulations. The University may be limited in the ability to investigate an anonymous report unless sufficient information is furnished to conduct a meaningful and fair investigation.

For confidentiality purposes, the University may not access, consider, disclose, or otherwise use a party’s records that are made or maintained by a physician, psychiatrist, physiologist, or other recognized professional or paraprofessional acting in the professional’s or paraprofessional’s capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless voluntary, written consent to do so is provided by the party.

A Complainant who submits a formal complaint may request confidentiality. A Complainant may also request in writing to withdraw their complaint or that an investigation not be conducted. The University may be limited in the actions it is able to take and its ability to respond while respecting such requests. The Title IX Coordinator will take all reasonable steps to respond to the complaint consistent with the request, including measures that can be taken while honoring the request such as increased monitoring, supervision, or security at locations or activities where the misconduct occurred, or providing training and education materials or sessions to students and employees. The Title IX Coordinator will consider the reasons for the request, including concerns about continued safety of the person reportedly harmed as well as the safety of members of the University community.

In cases in which a Complainant requests confidentiality or that an investigation not be pursued, or in cases where the Complainant requests to withdraw their formal complaint, but the Title IX Coordinator has concerns that not proceeding with a formal complaint may endanger the health or safety of members of the campus community, the Title IX Coordinator will initiate confidential consultation with appropriate individuals who may include, as appropriate, the Vice President for Human Resources and Diversity, Equity and Inclusion, the Vice President for Student Engagement and Enrollment Services, the Provost, the University Chief of Police, the Threat Education Assessment & Management Team (T.E.A.M.), and University Counsel. The Title IX Coordinator will make the ultimate decision on whether to sign a formal complaint to initiate an investigation or informal resolution, or to respond in another manner, including the use of supportive measures.

Factors that will be considered in weighing a request by a Complainant for confidentiality or not to proceed with a formal complaint include, but are not limited to, the seriousness of the alleged violation, the use of weapons or other aggravating circumstances, the respective ages and positions of the Complainant and the Respondent, means of obtaining evidence other than a Title IX investigation such as physical evidence or video footage, and the Respondent’s right to receive information.

The University will also consider any circumstances that suggest there is an increased risk of the alleged perpetrator committing additional acts of sexual misconduct or other violence including whether there have been other sexual misconduct complaints about the Respondent, whether the Respondent has a history of arrests or records indicating a history of violence, whether the Respondent threatened further sexual misconduct or other violence against the Complainant or others, and whether the sexual misconduct was committed by multiple persons. Other circumstances that might suggest there is an increased risk of future acts of sexual misconduct
include a pattern of perpetration, such as via use of drugs or alcohol, or a pattern of incidents at a given location or by a particular group.

3. Timely Warnings

The University is required by Federal law to issue timely warnings for reported incidents that pose a substantial threat of bodily harm or danger to members of the University community. The University will ensure [to every extent possible] that a victim’s name and other identifying information is not disclosed, while still providing enough information for members of the University community to make decisions to address their own safety in light of the potential danger. For more information on Timely Warning see University Policy 3012 – Safety and Security Policy.

4. Consensual Relationships

Employees, whether faculty or staff, shall not engage in consensual relationships with students when the employee has a “position of authority” with respect to the student in such matters as teaching or otherwise evaluating, supervising, advising, or coaching a student as part of a school program or employment situation. Likewise, a supervisor and an employee shall not engage in a consensual relationship. The University views such relationships as a conflict of interest. Employees have a duty to comply with the University’s Conflicts of Interest policy.

A faculty member who enters into a consensual relationship with a student or supervisor who enters into a consensual relationship with an employee where a “position of authority” exists should be aware that, if a charge of sexual misconduct is subsequently filed, it will be exceedingly difficult to prove a defense on the grounds of mutual consent.

If conduct of a sexual nature has occurred or is occurring in an apparently consensual relationship, and, if a complaint of sexual misconduct regarding such conduct is filed by the student against the faculty member or graduate assistant, or by the employee against the University official, then sexual misconduct shall be presumed in such cases when:

a. The relationship is between a faculty member or graduate assistant and a student and:
   i. The faculty member or graduate assistant is in a position to determine the student’s grade or otherwise affect the student’s academic performance or advancement; and
   ii. The relationship began after the faculty member or teaching assistant was in such a position.

b. The relationship is between an employee and a supervisor or University official and:
   i. The supervisor or University official is in a position to supervise the employee or otherwise influence the conditions of the employee’s work; and
   ii. The relationship began after the supervisor or University Official was in such a position.

5. Reports

Responsible Employees are required to report any potential violation of this policy to the Title IX Coordinator or designee. When receiving information that could constitute a violation of this policy, Responsible Employees should not conduct independent efforts to determine the merit of the information before reporting. Additionally, the University strongly encourages all
individuals who witness or otherwise know of a suspected violation of this policy to report it to the appropriate University official. Reports may be anonymous; however anonymous reports may limit the University's ability to respond and/or investigate the reported matter.

Reports of conduct in violation of this policy should be made without undue delay after the incident and may be made in person, by mail, by telephone, electronic mail, or through the online reporting form to any of the individuals identified in Appendix A, or by any other means that results in the Title IX Coordinator, or designee, receiving the person's verbal or written report.

Notwithstanding the forgoing, individuals making reports under this policy are encouraged to make detailed written statements of the facts, including the name(s) of the Complainant(s) and Respondent(s) and any witness(es), promptly after an incident.

Promptly after the date of the report, the Complainant will be contacted to discuss the availability of supportive measures with or without filing of a formal complaint, consider the Complainant's wishes with respect to supportive measures and filing a formal complaint, and explain to the Complainant the process for filing a formal complaint.

The Title IX Coordinator or designee will make all Complainants aware of the right to also file a report with the Old Dominion University Police Department (ODUPD) or local law enforcement agency in instances involving a possible criminal violation. Complainants are encouraged to report matters to the ODU Police Department or local law enforcement in such instances and will not be dissuaded by the University from doing so at any time. If the Complainant is unable to file a report themselves, the University encourages reporting of the incident to the police by a third party.

6. **Coordination with Criminal Reporting**

   The University will comply, to the fullest extent legally permissible, with all requests by the ODU Police Department (ODUPD) or local law enforcement for cooperation in investigations. Such cooperation may require the Title IX Coordinator to briefly suspend the fact-finding aspect of an investigation detailed in the procedures below while the ODUPD or the local law enforcement agency gathers evidence. OIED will promptly resume its investigation once the University is informed that the ODUPD or local law enforcement has completed the evidence-gathering phase of the criminal investigation. Otherwise, OIED's investigation will not be altered or precluded on the grounds that criminal or other charges involving the same incident have been filed or that charges have been dismissed or reduced.

7. **Supportive Measures**

   Supportive measures are individualized services reasonably available that are non-punitive, non-disciplinary, and not unreasonably burdensome to the other party while designed to ensure equal educational access, protect safety, or deter sexual misconduct.

   The University offers a wide range of resources for students and employees, whether as Complainants or Respondents, to provide support and guidance throughout the initial investigation, and resolution of a formal complaint of sexual misconduct. The University will offer reasonable and appropriate measures to protect and facilitate continued access to university employment or education programs and activities. These measures may be both remedial (designed to address safety and well-being and continued access to educational
opportunities) or protective. Supportive measures, which may be temporary or permanent, may include no-contact orders, residence modifications, academic modifications and support, referral and coordination of counseling and health services, escorts on campus work schedule modifications, interim suspensions, suspension from employment, and pre-disciplinary leave (with or without pay), where applicable. Supportive measures are available regardless of whether a Complainant pursues a complaint or investigation under this policy. The University will, to the extent allowed by law, maintain the privacy of any supportive measures provided under this policy and will promptly address any violation of the protective measures. The Title IX Coordinator has the responsibility for coordinating the implementation of supportive measure based on all available information and is available to meet with a Complainant or Respondent to address any concerns about the provision of supportive measures.

In instances involving a Respondent’s emergency removal under Title IX, such as through an interim suspension, suspension from employment, or pre-disciplinary leave from employment, an individualized safety and risk analysis must determine that an immediate threat to the physical health or safety of an individual arising from the allegations of sexual misconduct justifies removal. The individualized safety and risk analysis should be conducted by the Title IX Emergency Removal Team. The student or employee subject to such suspension or leave will be given the opportunity to meet with the Title IX Coordinator to show cause why the suspension or leave should not be implemented. The Title IX Coordinator may consult with University officials and units such as the Office of Student Conduct & Academic Integrity, Academic Affairs, Human Resources, and the Threat Education, Assessment and Management team to make a final determination. This provision may not be construed to modify any rights under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

The University may provide reasonable supportive measures to third parties as appropriate and available, taking into account the role of the third party and the nature of any relationship with the University.

8. **72-Hour Meeting**

In accordance with [Va. Code §23.1-806](https://www.enterprise.com), the University will review all reports of sexual violence against (i) a student on campus or at an off-campus location within the United States or; (ii) any individual on campus or within the University’s Clery Act geography as defined by the University’s Police Department. The individuals conducting the review include: (1) the Title IX Coordinator, or designee; (2) a representative of the University Police Department; and (3) a representative from Student Engagement and Enrollment Services. In addition, others may be included in the review as necessary. These individuals shall meet within seventy-two (72) hours of the Title IX Coordinator’s receipt of a report involving an act of sexual violence meeting the above criteria.

The review may determine that the disclosure of the information, including personally identifiable information, is necessary to protect the health or safety of the student or other individuals as set forth in [34 C.F.R. § 99.36](https://www.eere.energy.gov). If so, the representative of law enforcement on the review team shall immediately disclose such information to the law-enforcement agency that would be responsible for investigating the alleged act of sexual violence. Such disclosure shall be for the purposes of investigation and other actions by law enforcement. Upon such disclosure, the Title IX coordinator or designee shall notify the victim that such disclosure is being made. These provisions shall not apply if the law-enforcement agency responsible for investigating the alleged act of sexual violence is located outside the United States.
In cases in which the alleged act of sexual violence would constitute a felony violation under Virginia law (Article 7 of Chapter 4 of Title 18.2), the representative of the University Police Department shall inform the other members and shall within twenty-four (24) hours consult with the appropriate Commonwealth Attorney and provide to him or her the information received by the review team without disclosing personally identifiable information, unless such information was disclosed to a law enforcement agency pursuant to the paragraph above. If such consultation does not occur and any other member of the review team individually concludes that the alleged act of sexual violence would constitute a felony violation under Virginia law, that member shall within twenty-four (24) hours consult the appropriate Commonwealth Attorney and provide to him or her the information received by the Review Committee without disclosing personally identifiable information, unless disclosing personally identifiable information, unless such information was already disclosed to the University Police as allowed above. The Review Committee shall also consider and recommend other appropriate or necessary actions including supportive measures beyond any already in place.

The review team has access to certain otherwise confidential information to the same extent as the University’s Threat Assessment Team pursuant to Va. Code §23.1-805, including criminal history record information, as provided in Va. Code §19.2-389 and §19.2-389.1; and health records, as provided in Va. Code §32.1-127.1:03. The review team also has access to university disciplinary, academic and/or personnel records; and prior reports of Prohibited Conduct maintained by the Title IX Coordinator.

9. **Filing Formal Complaints – Procedure A (for Title IX Incidents)**

A formal complaint alleging sexual harassment as defined by Title IX and requesting that the University investigate must be filed with the Office of Institutional Equity and Diversity.

Complainants are encouraged to file formal complaints as soon as possible, as the passage of time may impact the University’s ability to respond or take appropriate action. There is no time restriction for filing a complaint. However, the Complainant must, at the time of filing a formal complaint, be participating in, or attempting to participate in a University program or activity. A formal complaint may be filed with the Title IX Coordinator in person, by mail, fax, or by electronic mail at the contact information listed in Appendix A, or by submitting the online complaint form. It is a violation of this policy for a student or an employee to interfere with an individual’s right to file a complaint under this policy.

Considerations when filing a formal complaint:

a. Only formal complaints will be processed under this policy.

b. Nothing herein prohibits referral to supportive measures when a formal complaint is not an option, or a person chooses not to go forward with a formal complaint.

c. Once a formal complaint is filed, the Title IX Coordinator will review the formal complaint to determine the following factors:

   i. The person submitting the formal complaint qualifies as a Complainant as defined in this policy and as required by Title IX, including the requirement that they be participating in or attempting to participate in a University program or activity.

   ii. The conduct alleged, if proven, would constitute sexual harassment as defined by Title IX.
iii. The conduct alleged occurred against a person in the United States.
iv. The conduct alleged occurred within a University program or activity.

If the formal complaint (or any allegation therein) does not meet one or more of the factors listed above, the formal complaint (or any allegation therein) will be dismissed for purposes of Title IX and a referral will be made to other applicable policies and procedures as appropriate. Referral to Procedure B under this policy may be applicable. The Title IX Coordinator will send prompt written notice of the dismissal, including the reasons for the dismissal, to the parties (or to the Complainant only if the Respondent was never notified of the complaint). A Complainant may appeal this dismissal to the Vice President for Human Resources and Diversity, Equity, and Inclusion. The Respondent may raise the defense that one or more of the factors listed above were not met once the Respondent is provided notice of the formal complaint.

d. A formal complaint (or any allegation therein) may also be dismissed if the Complainant wishes to withdraw their formal complaint, the Respondent is no longer enrolled or employed by the University or if specific circumstances prevent the gathering of sufficient evidence to reach a determination/resolution as to the formal complaint or allegations therein. Upon such dismissal, the Title IX Coordinator will send prompt written notice of the dismissal, including the reasons for the dismissal, to the parties (or to the Complainant only if the Respondent was never notified of the complaint). A Complainant may appeal this dismissal to the Vice President for Human Resources and Diversity, Equity, and Inclusion.

e. Following the Title IX Coordinator’s review of a formal complaint, but no more than three days after the complaint commencement date, the Complainant will receive acknowledgement of the formal complaint by issuance of the “Title IX Letter.” Following a reasonable time to gather sufficient information from the Complainant, the Respondent will also receive acknowledgement of the formal complaint by issuance of the Title IX Letter. The Title IX Letter will include:

i. A description of the allegations potentially constituting a violation of this policy.
ii. Sufficient details about the incident known at the time, including: the names of the parties involved, and the date and location of the incident.
iii. A description of the available informal resolution procedures.
iv. A statement that the Respondent is presumed not responsible for the alleged conduct until a determination of responsibility is made following the hearing process.
v. A statement informing the parties that they may have an advisor of their choice who may be, but is not required to be, an attorney.
vi. A statement informing the parties that making false statements or knowingly submitting false information during the complaint process is prohibited.
vii. A statement informing parties of their right to inspect and review evidence gathered during the investigation, as well as their ability to suggest witnesses to be interviewed during the course of the investigation.
viii. A description of available resources.
ix. An attached copy of this policy.

If during an investigation, new allegations are identified for investigation, a new Title IX Letter will be provided to the parties whose identities are known.

f. A Complainant may withdraw their formal complaint, or any allegations therein, at any time during an investigation or hearing by submitting a written request to the Title IX Coordinator.
The Title IX Coordinator will process this request consistent with the procedures in section F.2. The Title IX Coordinator will send prompt written notification of the outcome of the request to the parties.

g. In cases where the Complainant cannot or is unwilling to file a formal complaint or participate in an investigation, the Title IX Coordinator, or designee, has discretion to file a formal complaint by submitting a written and signed complaint form. In such cases, the Title IX Coordinator does not become a party to the complaint. The Respondent will receive prompt acknowledgement of the formal complaint by issuance of the Title IX Letter.

h. Multiple formal complaints may be consolidated for investigation and hearing purposes where the allegations of sexual misconduct arise out of the same facts or circumstances.

10. Investigation of Formal Complaints – Procedure A (for Title IX Incidents)

OIED will investigate the allegations in any formal complaint, unless both parties provide voluntary informed and written consent to informally resolve the formal complaint.

Parties have the right to have an advisor present during investigation proceedings. However, advisors will not be permitted to speak to participants other than quietly to the advisee to avoid disruptions. Advisors violating this requirement may be asked to leave or abstain from participation. If a Complainant or Respondent does not have an advisor, the University shall offer one free of charge. The University will take all reasonable efforts to ensure equitable advisement of the parties. Complainants and Respondents needing a University-provided advisor are encouraged to make their request as soon as possible in the process. Requests for University-provided advisors may not be applied retroactively.

a. A team of two investigators from the Office of Institutional Equity and Diversity will conduct a prompt, adequate, reliable, and impartial investigation of the formal complaint.

b. Written notice of the time, location, participants, and purpose of investigation proceedings will be provided to the parties with sufficient time to prepare.

c. Typically, an investigation, not including the time necessary for a hearing and potential appeals, will be completed within 75 days of the complaint commencement date. If extension of the investigation beyond 75 days is necessary, all parties will be notified of the expected timeframe.

d. The Respondent shall be presumed not responsible for the alleged conduct until a determination of responsibility has been made at the conclusion of the hearing and any subsequent appeals. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on the University.

e. Questions and evidence about the Complainant’s sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the Complainant’s prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant’s prior sexual behavior with respect to the Respondent and are offered to prove consent.
f. Character witnesses and character statements are considered not relevant for purposes of
   the investigation.

g. Recording of investigation interviews is not permissible.

h. The University shall strive to make the process transparent and fair to all parties. Prior to the
   conclusion of the investigation report, the Complainant and Respondent and their respective
   advisors, if any, shall receive for review all evidence obtained as part of the investigation
   that is directly related to the allegations raised. The parties will have 10 days to submit a
   written response to the evidence, which the investigators will consider prior to completion
   of the investigation report.

i. At the conclusion of the investigation, and at least 10 days prior to the hearing, an
   investigation report that fairly summarizes the relevant evidence shall be provided to the
   complainant and the Respondent concurrently as well as their respective advisors, if any. A
   notice containing information about hearing and appeal procedures shall accompany the
   investigation report.

j. The investigation report and the evidence obtained during the investigation shall be
   provided to the hearing officer(s). The evidence shall be made available to the parties during
   the hearing so that they may refer to the evidence, including for cross-examination.

k. Within 10 days of issuance of the investigation report, the parties may submit a written
   response. The written response(s) to the investigation report will be provided to the hearing
   officer(s) for review, and the opposing party shall simultaneously be provided a copy of the
   written response(s).

l. No additional documentation or evidence will be allowed to be introduced prior to or during
   the hearing.

11. Hearings and Determinations of Responsibility - Procedure A (for Title IX Incidents)

   General Considerations:

   A live hearing will determine responsibility for allegations of conduct in violation of this policy.
   The hearing procedures referenced below are guided by the same principles of fairness and
   respect for Complainants and Respondents. The hearing shall not constitute a re-investigation.
   The University applies the “preponderance of the evidence” standard when determining
   whether this policy has been violated. “Preponderance of the evidence” means that it is more
   likely than not that a policy violation occurred.

   The University shall not require the participation of parties or witnesses. Inferences cannot be
   drawn about responsibility based solely on a party’s or witness’s absence from the live hearing
   or refusal to answer cross-examination questions.

   Live hearings will be conducted in person or via video conference, at the discretion of the hearing
   officer(s). All parties and witnesses shall be afforded the opportunity to participate orally, and
   in real time. Audio or audiovisual recording, or transcript, of any live hearing will be created.

   The hearing will allow cross-examination by each party’s advisor to ask the other party and any
   witnesses all relevant questions and follow-up questions, including those challenging credibility.
Such cross-examination at the live hearing must be conducted directly, orally, and in real time by the advisor and never by a party personally. Only relevant cross-examination and follow-up questions may be asked of a party or witness. Before a party or witness answers a cross-examination or other question, the hearing officer(s) must first determine whether the question is relevant and explain any decision to exclude a question as not relevant. Questions and evidence about the Complainant’s sexual predisposition or prior sexual behavior are presumed not relevant. Such questions and evidence may only be permitted if they are offered to prove that someone other than the Respondent committed the conduct alleged to be in violation of this policy, or if they concern specific incidents of the Complainant’s prior sexual behavior with respect to the Respondent and are offered to prove consent.

If a party does not have an advisor present at the hearing, the University will provide an advisor of its choice, without fee, to conduct cross-examination on behalf of that party. However, advisors will not be permitted to speak to participants other than to conduct cross-examination and for the purpose of providing advice to the advisee. Advisors must participate in a non-disruptive manner and may be asked to leave or abstain from participation by the hearing officer(s) if in violation of this requirement.

A written notice of the outcome of a hearing will be provided to the parties simultaneously and will include:

a. The allegations of conduct in violation of this policy;
b. A description of procedural steps taken in the formal complaint process;
c. An analysis of the application of this policy to the facts of the case;
d. A statement of the determination of responsibility for each allegation, including a rationale and findings of fact supporting the determination(s);
e. The availability of appeal procedures.

The Title IX Coordinator will also be notified of the outcome of the hearing. Following a determination made in the hearing and at the conclusion of any appeal, a party may have further rights should sanctions be imposed.

General Considerations for the Hearing Panel:

For each hearing, a panel of three hearing officers will be selected from a pool of representatives from across the University. The representation in the pool will include, but is not limited to, Academic Affairs, Human Resources, Student Engagement and Enrollment Services, Athletics, and the University Police Department. In cases involving teaching & research faculty respondents, the panel will consist of three teaching & research faculty members. The Title IX Coordinator will ensure that hearing officers have no conflicts of interest and are appropriately trained.

12. Filing Formal Complaints – Procedure B (for Non-Title IX Incidents)

A formal complaint alleging sexual misconduct and requesting that the University investigate must be filed with the Office of Institutional Equity and Diversity to the attention of the Title IX Coordinator. Formal complaints under this procedure (B) may include prohibited conduct and circumstances that fall outside of the scope and jurisdiction of Title IX.

Complainants are encouraged to file formal complaints as soon as possible, as the passage of time may impact the University’s ability to respond or take appropriate action. There is no time
restriction for filing a complaint. Complainants are not required to be participating in or attempting to participate in a University program or activity; however, the Title IX Coordinator may dismiss the complaint if the Complainant has no affiliation with the University and/or the University cannot provide redress. A formal complaint may be filed with the Title IX Coordinator in person, by mail, fax, or by electronic mail at the contact information listed in Appendix A, or by submitting the online complaint form. It is a violation of this policy for a student or an employee to interfere with an individual's right to file a complaint under this policy.

Considerations when filing a formal complaint:

a. Only formal complaints will be processed under this policy.

b. Nothing herein prohibits referral to supportive measures when a formal complaint is not an option, or a person chooses not to go forward with a formal complaint.

c. Once a formal complaint is filed, the Title IX Coordinator will review the formal complaint to determine the following factors:

   i. The conduct alleged, if proven, would constitute sexual misconduct as defined by this policy.

   ii. The conduct alleged occurred within a University program or activity or has continuing effects that create a hostile environment on campus. This includes off-campus conduct by University employees that has a sufficient nexus to the workplace or the University's operations, services, or reputation.

If the formal complaint does not meet one or more of the factors listed above, the Title IX Coordinator may dismiss the complaint and a referral will be made to other applicable policies and procedures as appropriate. The Title IX Coordinator will send prompt written notice of the dismissal, including the reasons for the dismissal, to the Complainant. A Complainant may appeal this dismissal to the Vice President for Human Resources and Diversity, Equity, and Inclusion.

d. A formal complaint may also be dismissed if the Respondent is no longer enrolled or employed by the University or if specific circumstances prevent the gathering of sufficient evidence to reach a determination as to the formal complaint or allegations therein. Upon such dismissal, the Title IX Coordinator will send prompt written notice of the dismissal, including the reasons for the dismissal, to the Complainant. A Complainant may appeal this dismissal to the Vice President for Human Resources and Diversity, Equity, and Inclusion.

e. Following the Title IX Coordinator’s review of a formal complaint, but no more than three days after the complaint commencement date, the Complainant will receive acknowledgement of the formal complaint in the form of a letter. Following a reasonable time to gather sufficient information from the Complainant, the Respondent will also receive acknowledgement of the formal complaint by issuance of a letter. The acknowledgement letter will include:

   i. A description of the allegations potentially constituting a violation of this policy.

   ii. Sufficient details about the incident known at the time, including: the names of the parties involved and the date and location of the incident.

   iii. A description of the available informal resolution procedures.
iv. A statement informing the parties that they may have an advisor of their choice present during the complaint proceedings.

v. A description of available resources.

vi. An attached copy of this policy.

f. A Complainant may withdraw their formal complaint, or any allegations therein, at any time during an investigation or hearing by submitting a written request to the Title IX Coordinator. The Title IX Coordinator will process this request consistent with the procedures in section F.2. The Title IX Coordinator will send prompt written notification of the outcome of the request to the parties.

g. In cases where the Complainant cannot or is unwilling to file a formal complaint or participate in an investigation, the Title IX Coordinator, or designee, has discretion to file a formal complaint. In such cases, the Title IX Coordinator does not become a party to the complaint. The Respondent will receive prompt acknowledgement of the formal complaint by issuance of the acknowledgement letter.

h. Multiple formal complaints may be consolidated for investigation and hearing purposes where the allegations of sexual misconduct arise out of the same facts or circumstances.

13. Investigation of Formal Complaints - Procedure B (for Non-Title IX Incidents)

OIED will investigate the allegations in any formal complaint unless informal resolution is requested.

Parties have the right to have an advisor, who may or may not be an attorney, present during investigation proceedings. However, advisors will not be permitted to speak to participants other than quietly to the advisee to avoid disruptions. Advisors violating this requirement may be asked to leave or abstain from participation. If a Complainant or Respondent does not have an advisor, the University may offer one free of charge. The University will take all reasonable efforts to ensure equitable advisement of the parties. Complainants and Respondents needing a University-provided advisor are encouraged to make their request as soon as possible in the process. Requests for University-provided advisors may not be applied retroactively.

a. A team of two investigators from the Office of Institutional Equity and Diversity will conduct a prompt, adequate, reliable, and impartial investigation of the formal complaint.

b. Written notice of the time, location, participants, and purpose of investigation proceedings will be provided to the parties with sufficient time to prepare.

c. Typically, an investigation, not including the time necessary for a hearing and potential appeals, will be completed within 75 days of the complaint commencement date. If extension of the investigation beyond 75 days is necessary, all parties will be notified of the expected timeframe.

d. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on the University.

e. Questions and evidence about the Complainant’s sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the Complainant’s prior sexual behavior are offered to prove that someone other than the Respondent committed
the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant’s prior sexual behavior with respect to the Respondent and are offered to prove consent.

f. Character witnesses and character statements are considered not relevant for purposes of the investigation.

g. Both the Complainant and Respondent will have the same opportunity to inspect and review evidence obtained during an investigation. The University shall strive to make the process transparent and fair to all parties.

h. Recording of investigation interviews is not permissible.

i. At the conclusion of the investigation, and at least 10 days prior to the hearing, an investigation report that fairly summarizes the relevant evidence shall be provided to the Complainant and the Respondent concurrently as well as their respective advisors, if any. A notice containing information about hearing and appeal procedures shall accompany the investigation report.

j. The investigation report and the relevant evidence obtained during the investigation shall be provided to the hearing officer(s). The evidence shall be made available to the parties during the hearing so that they may make reference to the evidence.

k. Within 10 days of issuance of the investigation report, the parties may submit a written response. The written response(s) to the investigation report will be provided to the hearing officer(s) for review, and the opposing party shall simultaneously be provided a copy of the written response(s).

l. No additional documentation or evidence will be allowed to be introduced prior to or during the hearing.

14. Hearings and Determinations of Responsibility - Procedure B (for Non-Title IX Incidents)

General Considerations:

A live hearing will determine responsibility for allegations of conduct in violation of this policy. The hearing procedures referenced below are guided by the same principles of fairness and respect for Complainants and Respondents. The hearing shall not constitute a re-investigation. The University applies the “preponderance of the evidence” standard when determining whether this policy has been violated. “Preponderance of the evidence” means that it is more likely than not that a policy violation occurred.

Live hearings will be conducted in person or via video conference, at the discretion of the hearing officer(s). All parties and witnesses shall be afforded the opportunity to participate orally, and in real time. Audio or audiovisual recording, or transcript, of any live hearing will be created.

Advisors will not be permitted to speak to participants other than to provide advice to the advisee. Advisors must participate in a non-disruptive manner and may be asked to leave or abstain from participation by the hearing officer(s) if in violation of this requirement.
A written notice of the outcome of a hearing will be provided to the parties simultaneously and will include:

a. The allegations of conduct in violation of this policy;
b. A description of procedural steps taken in the formal complaint process;
c. An analysis of the application of this policy to the facts of the case;
d. A statement of the determination of responsibility for each allegation, including a rationale and findings of fact supporting the determination(s);
e. The availability of appeal procedures;
f. For cases involving student Respondents only: a description of the sanctions imposed, if any.

The Title IX Coordinator will also be notified of the outcome of the hearing. Following a determination made in the hearing and at the conclusion of any appeal, a party may have further rights should sanctions be imposed.

General Considerations for the Hearing Panel:

For each hearing, a panel of three hearing officers will be selected from a pool of representatives from across the University. The representation in the pool will include, but is not limited to, Academic Affairs, Human Resources, Student Engagement and Enrollment Services, Athletics, and the University Police Department. In cases involving teaching & research faculty respondents, the panel will consist of three teaching & research faculty members. The Title IX Coordinator will ensure that hearing officers have no conflicts of interest and are appropriately trained.

15. Sanctions

a. Possible sanctions or protective measures that may be imposed for students following the final determination of responsibility include the following:

i. Reprimand. A reprimand is an official written notice that the respondent is in violation of the Code. Subsequent violations of the Code will normally be met with more severe sanctions, including conduct probation.

ii. Conduct Probation. Conduct probation is a period of fixed duration during which the fitness of a respondent to continue at the University is evaluated. A student or student organization placed on probation is not considered to be in good conduct standing.

iii. Educational or Restorative Measures. Educational or restorative measures may include, but are not limited to, the following:

a) Active or passive sanctions, such as research or reflection papers, projects, meetings, or attending or organizing appropriate educational activities;

b) A specific number of community restitution hours in which a student or student organization must perform service to a designated community;

c) Participation in classes, assessments, counseling, program, modules, or workshops.

iv. Loss of Privileges. Loss of privileges includes denial or restriction of privileges for a designated period of time. Loss of privileges may include, but are not limited to, the following:

a) Restriction or exclusion from University premises or University activities, or from hosting visitors or guests on University premises;
b) Withdrawal or transfer from a course in which the student is currently enrolled (tuition refunds will be evaluated in accordance with the Tuition Refund Policy as outlined in the Old Dominion University Catalog).

v. Restitution to the University. Restitution may include reasonable compensation for loss or damage to University property, funds, or premises.

vi. Termination of the Housing Agreement. Termination of the Housing Agreement occurs when the student's current (and/or future) Housing Agreement is cancelled or revoked for violating this Code. When a Housing Agreement is terminated, the student will remain financially responsible for the entire cost of the agreement period for the assigned building.

vii. Suspension of Student Organization Status. Student organizations may have their status as a student organization suspended on a temporary or permanent basis. An organization whose status is suspended is no longer eligible to receive benefits normally afforded to student organizations including, but not limited to the ability to utilize University facilities or funds to support any student organization related activity. A deferment of suspension may be granted if the organization complies with certain conditions. A suspended organization must comply with any conditions imposed as well as any reactivation or recognition privileges in effect at the time the suspension is set to expire.

viii. Conduct Suspension. Conduct suspension is the separation of a student from the University for a pre-determined period of time, normally no less than one semester and not more than two years. Suspension may include satisfaction of conditions for re-enrollment in the University as established by the Conduct Officer or panel. Re-enrollment in a specific College or academic degree program is subject to that College or program's approval. During a suspension, the suspended student is not permitted on University premises or at University activities without express permission from the Director. A registration hold is placed on the student during the suspension. In cases of suspension, tuition refunds will be evaluated in accordance with the Tuition Refund Policy as outlined in the Old Dominion University Catalog. A deferment of suspension may be appropriate if the student complies with certain conditions set forth by the Conduct Officer.

ix. Conduct Expulsion. Conduct expulsion is the permanent separation of a student from the University with no opportunity for re-enrollment. The expelled student is not permitted on University premises or at University activities and may also be subject to trespass orders. In cases of expulsion, tuition refunds will be evaluated in accordance with the Tuition Refund Policy as outlined in the Old Dominion University Catalog.

x. Revocation of Admission and/or degree. Admission to or a degree awarded from the University may be revoked for fraud, misrepresentation, or other violations of institutional standards in obtaining the degree, or for other serious violations committed by a student prior to graduation.

b. Sanctions for teaching and research faculty will be determined in accordance with the Teaching and Research Faculty Handbook. Possible sanctions include, but are not limited to, mandatory counseling, training, reassignment, suspension, with or without pay, removal from administrative positions, or proceedings to dismiss.

c. Sanctions for Administrative/Professional faculty shall be determined in accordance with the Administrative & Professional Faculty Guidebook. Possible sanctions include, but are not limited to, counseling, training, reassignment, suspension, with or without pay, or proceedings to dismiss.
d. Sanctions for classified employees will be determined in accordance with University Policy 6600, Standards of Conduct for Classified Employees. Possible sanctions include, but are not limited to, verbal counseling, training, reassignment, issuance of a Written Notice, suspension, with or without pay, or termination of employment.

e. Where a Respondent is both a student and an employee, the Respondent may be subject to any of the sanctions applicable to students or employees.

f. The University reserves the right to require a Contractor to remove from campus any employee who violates this policy. Contractors shall assign for duty only employees acceptable to the University.

g. Visitors who violate this policy will be directed to leave campus immediately and may be subject to a permanent ban from campus.

h. A determination regarding the imposition of sanctions against an employee shall be made following the outcome of the hearing determining responsibility, unless either party files an appeal. A determination regarding the imposition of sanctions against students shall be made as part of the hearing to determine responsibility. The parties shall be informed in writing simultaneously by the individual imposing any applicable sanctions. Included in this notification will be the rationale for any applicable sanctions. The Title IX Coordinator shall be provided a copy of such written notification. The Title IX Coordinator also will disclose in writing to the Complainant the final results of a disciplinary proceeding involving the Respondent with regard to an alleged forcible or non-forcible sex offense, act of stalking, domestic violence, or dating violence on the Complainant, as permitted by State and Federal law including FERPA and the Virginia Freedom of Information Act.

16. Appeals

a. Decisions regarding appeals shall be based on the written record (the investigation report, the notice of hearing outcome, and the written appeal) and any new evidence. Appeals shall not constitute a reinvestigation of the matter in question.

b. Either party may appeal a determination regarding responsibility on the following bases: procedural irregularity that affected the outcome of the matter, newly discovered evidence that could affect the outcome of the matter, and/or Title IX personnel had a conflict of interest or bias, that affected the outcome of the matter.

All appeals must be in writing and must be filed within 15 calendar days from the date of issuance of the written notice of the outcome of the hearing. All documents or evidence to be considered must be included with the written appeal. The written appeal should include the basis for the appeal as described in the paragraph above.

General Considerations: As with the hearing process, the parties must have an equal opportunity to present relevant information in the appeals. The University will permit the parties’ lawyers or other advisors to participate in the appeal process. Parties and witnesses shall be afforded the opportunity to participate remotely (tele-conference) from another location. Both parties must be notified, in writing, of the outcome of the appeal.

i. A complaint involving a student Respondent may be appealed by either party (complainant or respondent) to the Vice President for Student Engagement &
Enrollment Services, or designee, within 15 calendar days from the date on which the hearing decision letter was sent. The decision of the Vice President for Student Engagement & Enrollment Services or designee is final.

ii. A complaint involving faculty, administrators or staff as Respondent may be appealed by either party to the respective Vice President/Provost or designee within 15 calendar days of the notice of the outcome of the hearing. The decision of the Vice President/Provost or designee is final.

c. Either party may appeal a dismissal of a formal complaint or any allegation therein, on the following bases: procedural irregularity that affected the outcome of the matter, newly discovered evidence that could affect the outcome of the matter, and/or Title IX personnel had a conflict of interest or bias, that affected the outcome of the matter. The appeal must be submitted within 15 calendar days of the dismissal of the complaint and must be submitted in writing to the Vice President for Human Resources and Diversity, Equity, and Inclusion.

The decision on an appeal is final under this policy and is not subject to further university appeal or grievance. However, nothing in this policy invalidates post-adjudication rights as provided by state and federal law (i.e., State Grievance Procedure, under Chapter 30 §2.2-3000 et. seq. of Title 2.2 of the Code of Virginia); the Office for Civil Rights; and/or the Equal Opportunity Employment Commission).

17. Informal Resolution - Procedure A (for Title IX Incidents)

The informal resolution process may be offered to all students, faculty, administrators, and staff. This process offers an opportunity to facilitate informal resolution options, such as mediation, so long as both parties give voluntary, informed, written consent to attempt informal resolution of a formal complaint. This process will be facilitated by a trained professional.

Parties are not required to participate in an informal resolution process and may only elect to participate in an informal resolution process once a formal complaint is filed.

Any party has the right to withdraw from the informal resolution process and resume the formal complaint process at any time prior to agreeing to an informal agreement.

The informal resolution process is not applicable to facilitate resolution of allegations that an employee (whether faculty, administrator, or staff) sexually harassed a student.

Confidentiality

All writings and communications made during, or in connection with, the informal resolution process that relate to the substance of the complaint shall be regarded as confidential by all mediators, parties, and OIED staff. Confidentiality surrounding informal resolutions must be kept pursuant to Virginia Code §8.01-581.22. No informal resolution-related documents are to be kept as part of a student educational record or personnel file. Recording of the informal resolution process, secretly or otherwise, is strictly prohibited. Disclosing the fact that informal resolution took place is not a breach of confidentiality. A violation of the confidentiality requirement of this section may constitute a separate violation of this policy. If a resolution cannot be reached, then the Office of Institutional Equity and Diversity will determine further guidance.
18. **Informal Resolution-Procedure B (for Non-Title IX Incidents)**

A Complainant may elect to resolve their complaint through informal means such as mediation, facilitated discussions, request to put the Respondent on notice of problematic behavior, or other means. Fact-finding may still be conducted as part of the informal resolution. Informal resolution is not applicable to allegations that an employee (whether faculty, administrator, or staff) sexually harassed a student.

Parties are not required to participate in an informal resolution process and may only elect to participate in an informal resolution process once a formal complaint is filed.

**Confidentiality**

All writings and communications made during, or in connection with, the informal resolution process that relate to the substance of the complaint shall be regarded as confidential by all mediators, parties, and OIED staff. Confidentiality surrounding informal resolutions must be kept pursuant to Virginia Code §8.01-581.22. No informal resolution-related documents are to be kept as part of a student educational record or personnel file. Recording of the informal resolution process, secretly or otherwise, is strictly prohibited. Disclosing the fact that informal resolution took place is not a breach of confidentiality. A violation of the confidentiality requirement of this section may constitute a separate violation of this policy. If a resolution cannot be reached, then the Office of Institutional Equity and Diversity will determine further guidance.

19. **Transcript Notation Requirement**

Pursuant to the Code of Virginia §23.1-900, as amended:

A prominent notation will be placed on the academic transcript of each student who has been suspended for, permanently dismissed for, or who withdraws from the University while under investigation for an offense involving sexual violence under this Policy, stating that such student was suspended for, permanently dismissed for, or withdrew from the University while under investigation for an offense involving sexual violence under the Policy. Such notation shall be substantially in the following form: "[Suspended, Dismissed, or Withdrew while under investigation] for a violation of the Title IX Sexual Misconduct Policy."

The Title IX Coordinator shall notify each student that any such suspension, permanent dismissal, or withdrawal will be documented on the student’s academic transcript. The Title IX Coordinator will also ensure prompt removal of such notation from the academic transcript of any student who is subsequently found not to have committed an offense involving sexual violence under this Policy.

A student whose transcript has been notated as described in this section may request expungement of the notation for good cause shown. Requests for expungement must be submitted in writing to the Title IX Coordinator. After a period of three years, a student may also request expungement of the transcript notation and must submit their request in writing to the Title IX Coordinator. A notation of suspension pursuant to this section shall be removed from a student’s transcript if the student (a) completes the term and any conditions of the suspension and (b) is determined to be in good standing according to the University’s code, rules, or set of standards governing such a determination.
20. **Amnesty for Certain Infractions**

To encourage reporting, the University’s primary focus shall be on addressing any alleged sexual misconduct and not on alcohol and drug violations that may be discovered or disclosed. Therefore, alcohol and/or drug violations should not be a deterrent to reporting or cooperating during the complaint process. The University generally does not charge parties or material witnesses with violations for drug or alcohol misconduct, such as consuming alcohol underage or consuming illegal drugs, unless such behavior relates directly to the sexual misconduct allegation or gives rise to a safety concern. An example of a violation that a party may be charged with would be intentional provision of alcohol to an underage complainant as a means to facilitate a sexual assault.

21. **Issuance of No-Contact Directives**

No Contact Directives are issued to enhance safety, prevent retaliation and/or avoid an ongoing hostile environment. A No-Contact Directive is a document issued to a student or faculty/staff, directing the student or faculty/staff not to contact a specific student or faculty/staff. A No-Contact Directive may be issued by OIED or the Office of Student Conduct & Academic Integrity.

a. **General Information about No-Contact Directives**

A No-Contact Directive informs the people involved of the restrictions and responsibilities regarding their contact both on campus and off campus with the person(s) named in the No-Contact Directive. Generally, contact refers to any intentional words or actions, whether on or off campus, including:

- Telephone calls, text messages, instant messages, emails, or communication through any form of social media;
- Non-verbal contact including making gestures, giving/sending gifts, pictures, videos, music, or other items of monetary or sentimental value;
- Entering the person’s private space (residence hall room, office)
- Destruction or vandalism of personal property;
- Encouraging others to make contact with the other party on their behalf.

A No-Contact Directive is issued bi-laterally (both parties must refrain from direct or indirect contact). The duration of the No-Contact Directive is determined by the issuing office. Both parties will receive written notice of the No-Contact Directive.

No-Contact Directives are designed primarily to prevent intentional contact. Incidental contact is not considered a violation; individual No-Contact Directives may include rules regarding interactions in specific, public locations.

22. **Deferral of Action**

Should a complaint of sexual harassment or sex discrimination be raised in another internal procedure, the other internal procedure shall be deferred until the conclusion of review and investigation, if applicable, under this policy.

Any complaint filed by an employee or student with the Commonwealth of Virginia Department of Human Resource Management, the U.S. Equal Employment Opportunity Commission or the
Office for Civil Rights will result in the dismissal of the internal complaint upon notice to the University that a complaint has been filed.

23. Documentation and Recordkeeping

The Title IX Coordinator will maintain, in a confidential manner, all complaints, witness statements, documentary evidence, written investigation reports, resolutions, and appeal hearings and associated documents for a period consistent with Federal and State record retention policies for paper or electronic files.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Institutional Equity and Diversity

I. RELATED INFORMATION

Title IX of the Education Amendments of 1972
University Policy 6220 – Conflicts of Interests
University Policy 6600 - Standards of Conduct for Classified Employees
University Policy 6602 - Classified Employees Grievance Procedure
The Title IX coordinator’s primary responsibility is to coordinate the University’s compliance with Title IX and related laws and guidance, including the procedures for resolving Title IX complaints. This responsibility includes monitoring outcomes, identifying, and addressing any patterns, and assessing effects on the campus climate.

The University’s designated Title IX Coordinator is listed below with their contact information:

Ariana Wright  
4111 Monarch Way Ste. 106  
Norfolk, VA 23529  
757.683.3141  
titleixcoordinator@odu.edu

The University’s designated Deputy Title IX Coordinators and Liaisons are listed below with their contact information:

Kimberly Cain  
Assistant Director of Equity and Diversity  
757.683.3141  
kcain@odu.edu

For Student-Athletes:  
Annamarie Ginder  
Associate Athletic Director/Student-Athlete Academic Services  
757.683.3375  
aginder@odu.edu

For All Other Students:  
Traci Daniels  
Special Assistant to the Vice President for SEES  
757-683-5890  
tdaniels@odu.edu

For Faculty:  
Kate Hawkins  
Vice Provost for Faculty Affairs and Strategic Initiatives  
757.683.4423  
kwhawkin@odu.edu

For Administrative & Professional Faculty and All Other Employees:  
JaRenae Whitehead  
Assistant Vice President for Human Resources  
757.683.4564  
jwhitehe@odu.edu
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Ariana Wright ___________________________ February 28, 2022 ___________________________
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ January 25, 2022 ___________________________
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin ___________________________ March 1, 2022 ___________________________
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson ___________________________ March 2, 2022 ___________________________
University Counsel Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D. ___________________________ March 3, 2022 ___________________________
President Date

Policy Revision Dates: September 24, 2020 (Interim); March 2, 2022

Scheduled Review Date: March 3, 2027
A. PURPOSE

The purpose of this policy is to provide continued leadership in the absence of the President.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The University issues this policy pursuant to the authority provided to the President by Section 6.01(d) of the Board of Visitors Bylaws.

C. DEFINITIONS

Absence of the President: Absence of the President occurs when the President is unavailable or unable to perform the duties assigned to the President by the Board of Visitors for a period exceeding one week or reasonably expected to exceed one week.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.
E. POLICY STATEMENT

1. In the event that the President plans to be absent, the President will delegate authority or limited authority in writing to the individual tasked with the authority provided to the President by the Board of Visitors. The President shall be presumed available if no written delegation exists.

2. In the event of an absence of the President, when no written delegation exists, the powers delegated to the President by the Board of Visitors shall be exercised by the following administrators in priority order:
   a. Provost and Vice President for Academic Affairs
   b. Vice President for Administration and Finance
   c. Vice President for Human Resources

   These powers shall only be exercised until such time that the Board of Visitors can be convened and appoint an Acting President, if necessary.

3. The authority delegated in E(1) and E(2) may not be further delegated.

F. PROCEDURES

1. All written letters of delegations should be kept by the individuals provided with the delegated authority and a copy provided to the Office of University Counsel.

2. Written letters of delegation should include the employee’s position title, the authority being delegated, the effective date and duration of the delegated authority, and any limitations or conditions attached to the authority in order for it to be valid.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

President

I. RELATED INFORMATION

University Policy 1500 – Delegation of Authority for Contract Approval
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

________________________________________________________________________
Responsible Officer ___________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

________________________________________________________________________
Chair, Policy Review Committee (PRC) ___________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

________________________________________________________________________
Responsible Oversight Executive ___________________________ Date

University Counsel Approval to Proceed:

________________________________________________________________________
University Counsel ___________________________ Date

Presidential Approval:

/s/ John R. Broderick
President ___________________________ November 11, 2019

Policy Revision Dates: December 1, 1988; July 29, 1991; October 26, 2007; October 2, 2009; April 13, 2010; May 4, 2012; November 30, 2018; November 11, 2019

Scheduled Review Date: November 30, 2023
A. PURPOSE

The purpose of this policy is to establish guidelines and procedures for the closure of the University due to inclement weather and emergencies.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Designated Personnel – Exempt and non-exempt employees who are required to work during an authorized closing because their positions have been designated by the hiring supervisor as essential to agency operations during emergencies.

Exempt Employees – Employees who are not subject to the provisions of the Federal Fair Labor Standards Act (FLSA). Such employees normally are in management or professional positions.

Maymester – A three-week session during the summer term that follows spring Commencement. Classes generally run from Tuesday to Friday during this session.

Non-designated Personnel – Exempt and non-exempt employees who are not required to work during an authorized closing because their positions have not been designated by the hiring supervisor as essential to agency operations during emergencies.

Non-exempt Employees – Employees whose work hours and wages are governed by the Federal Fair Labor Standards Act (FLSA).

ODU Alerts – An email and/or text sent to students, faculty and staff about weather-related or other emergencies that may require delay or cancellation of classes, closure of the University, or other emergency procedures as required.

Technology-Delivered Instruction - Online synchronous, asynchronous, and hybrid class instruction delivered using any combination of technologies including, but not limited to, an
Volunteer – An individual is considered to be a volunteer at Old Dominion University if the following conditions are met:

1. Services are performed in support of the University’s mission to include civic, charitable, educational, research or humanitarian reasons without promise, expectation, or receipt of compensation for services rendered.

2. If the volunteer is a current University employee, the volunteer services are not the same type of duties for which the University employs the individual and are freely given without pressure from the University.

NOTE: The Federal Fair Labor Standards Act (FLSA) states that non-exempt employees must be compensated for all hours they are required or permitted to work. Thus, even though non-exempt employees may volunteer to perform the duties for which they are employed beyond their normally scheduled hours, departments must compensate the employee for those extra hours worked.

D. SCOPE

This policy applies to all employees, students, volunteers, and vendors of the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session.

E. POLICY STATEMENT

The Vice President for Administration and Finance (the VP) is designated as the authority to close the University for reasons of inclement weather or emergencies. The authority will be exercised in consultation with the President, the Provost and Vice President for Academic Affairs, other Vice Presidents, and the Assistant Vice President for Public Safety. Closing decisions will be communicated directly to the Assistant Vice President for Public Safety (or designee) as this position has primary responsibility for implementing the closing notification process. In the VP’s absence, the responsibility for this function shall pass to the Provost and Vice President for Academic Affairs.

This policy applies to the operation of Old Dominion University on-campus and online classes, academic services, and administrative operations at its main campus in Norfolk, Virginia, the Virginia Beach Higher Education Center, the Peninsula Higher Education Center, the Tri-Cities Higher Education Center, and research centers as well as any other off-campus locations operated or leased by Old Dominion University.

This policy does not apply to off-campus locations not operated or leased by Old Dominion University. Students participating in internships or practicums, including but not limited to student teaching and clinical placements, are expected to follow the calendar at their assigned site.
F. PROCEDURES

1. Notification

   a. In the event of inclement weather or emergencies outside of normal business hours that may affect the operation of the University, the Assistant Vice President for Public Safety and the Director of Facilities Management and Construction will notify the VP as early as possible of conditions that may require cancellation of classes or closing of the University. The VP will inform the Assistant Vice President for Public Safety of his/her decision at that time. He/she will also inform the Assistant Vice President for Public Relations.

   b. The Office of the Vice President for University Communications & Chief Marketing Officer will be responsible for informing students, faculty, and staff of a decision to close the University because of inclement weather/emergencies. Delays or closings will be announced through the University’s ODU Alerts messaging system, website at www.odu.edu, social media channels, and e-mail. Faculty, staff, and students can sign up for ODU Alerts at www.odu.edu/alerts. Additionally, local newspapers, radio stations and television stations will be informed immediately. The Alert will communicate specifics about any operations and services that may remain open as well as events that may or may not be held as applicable.

   c. If a decision is made to close the University during hours of normal operation, each of the Deans, directors, department chairs and other supervisory personnel will be informed by email or telephone. Vice Presidents are responsible for ensuring that this notification is carried out within their respective areas. Areas that may remain open on a full or limited basis during a closure will be contacted as soon as possible.

2. Guidelines for Making Up Classes After a Closure or Multiple Closures of the University

   a. Fall and Spring Semester Closures

      i. For a closure of up to two weeks at any time from week 1 through week 12 or multiple closures totaling up to two weeks of class time, individual faculty will determine how the subject matter will be covered and how the students will satisfy the requirements of the course. Fall and spring break may be cancelled.

      ii. For a closure of up to two weeks in week 13 and 14, classes will extend for one more week, and final exams will be administered one week later, using a similar final exam schedule. For fall, final exams may be held after the winter break. For spring, the summer school schedule may be altered.

      iii. For a closure of three to six weeks at any point in the fall semester, classes and final exams will extend into the winter break and into early January by the number of weeks lost (with only one or two days off for religious observances). Spring semester may begin a week late to accommodate the exam schedule, if needed. Fall break may be cancelled.

         For a closure of three to six weeks at any point in the spring semester, classes and final exams will extend into the summer session by the number of weeks lost. Spring break may be cancelled. The first half of the summer session may be cancelled. If so, summer school will resume in late June or early July.
iv. For a closure of seven to 10 weeks at any point in the fall semester, classes and final exams will extend into winter break and into what would have been the spring semester (by the number of weeks lost). There will be no fall break. After a one-week break, spring semester will begin and extend into summer session (by the number of weeks lost in the fall semester). The second half of summer school may be preserved. If not, the normal academic calendar will resume in the fall.

For a closure of seven to 10 weeks at any point in the spring semester, classes and final exams will extend into the summer session (by the number of weeks lost). There will be no spring break. In this scenario, the first half of summer school will be cancelled, and perhaps the entire summer session, depending upon the number of weeks lost in spring.

v. For a partial closure during the week of final exams, the exam period will be extended by the appropriate number of days.

vi. For a closure of 11 or more weeks at any point in the semester, the University administration will make a determination pursuant to its Continuity of Operations Plan (COOP).

vii. Potential refunds or financial compensation to students are determined by taking into account when during the semester instruction was discontinued and the impact on the student’s education.

viii. When there are multiple closures at the University throughout the semester, the Office of Academic Affairs will review individual classes missed, including the day and length of the class, to determine whether and how classes should be made up in consultation with members of the University community (e.g., deans, department chairs, faculty members, and others as appropriate) on a case-by-case basis.

ix. The Commencement dates and degree conferral dates for the fall and spring semesters will be adjusted as needed.

b. Summer Closures

i. For a closure of one or two days at any time during the Maymester term, individual faculty will determine how the subject matter will be covered and how the students will satisfy the requirements of the course. For a closure of three or more days during Maymester, courses may be cancelled or extended beyond the term.

ii. For a closure of up to one week in a six-week summer session or multiple closures totaling up to one week of class time, individual faculty will determine how the subject matter will be covered and how the students will satisfy the requirements of the course.

iii. For a closure of up to two weeks or more in a six-week summer session, courses taken in the first half of summer will be extended into the second half of summer. The second half of summer school may be cancelled. If the closure occurs in the second half of summer school, the second summer session may be cancelled or extended.

iv. For a closure of up to two weeks in the 12-week summer session, individual faculty will determine how the subject matter will be covered and how the students will
satisfy the requirements of the course. If the closure occurs at the end of the 12-week session, the session may be extended.

v. For a closure of more than two weeks in the 12-week summer session, the University administration will make a determination pursuant to its Continuity of Operations Plan.

vi. When there are multiple closures at the University throughout one of the summer sessions, the Office of Academic Affairs will review individual classes missed, including the day and length of the class, to determine whether and how classes should be made up in consultation with members of the University community (e.g., deans, department chairs, faculty members, and others as appropriate) on a case-by-case basis.

vii. The summer degree conferral date will be adjusted as needed.

3. Technology-Delivered Instruction

Unless an exception is indicated by the Office of Academic Affairs, all technology-delivered courses will follow the University’s decision on holding classes. In the event that inclement weather prohibits students from participating in technology-delivered instruction, class activities, or testing, students will be permitted to make up missed class requirements by viewing archives and/or rescheduling exams missed without penalty. Faculty are asked to be flexible during these situations as a number of issues, both personal and work-related, arise as a result of such circumstances.

4. Intercollegiate Athletics

Decisions on whether to cancel or postpone athletic events will be made by the Director of Athletics or the designated athletic administrator, in consultation with the President and/or Vice President for Administration and Finance, in accordance with NCAA Guidelines and any conference guidelines in consultation with the opposing head coach and officials. Announcements will be made on the Athletic Department website at www.odusports.com, media outlets throughout Hampton Roads, and social media. Every attempt will be made to conduct an athletic event, barring any unsafe local or regional conditions, especially if the visiting opponent has arrived at the athletic venue or is in the city limits. The *Athletic Department’s Inclement Weather Policy* will be followed should an athletic event be held as scheduled.

5. Old Dominion University Children’s Learning and Research Center

The Old Dominion University Children’s Learning and Research Center follows the University’s Inclement Weather and Emergencies closure policy. Parents and faculty will be informed when the University closes due to weather. Announcements of University closings are given on all major TV and radio outlets in the local area. No refunds will be made for days or parts of days missed because of such closings. If, for any reason, one of the Center buildings is without power, flooded, or cannot be used (even though the rest of the University has reopened), an additional effort will be made to notify all parents of those children affected through e-mail and phone calls by Center staff. In the event of a delayed opening, the Children’s Learning and Research Center will open to children and staff at the same time the University opens.
6. Designated Facilities to Remain Open During a University Closure

Certain designated facilities (University Libraries, Webb Center, some dining facilities, Student Recreation Center, Student Health Services, etc.) may remain open on a full or limited basis during a University closure. The Office of the Vice President for University Communications and Chief Marketing Officer will include a list of the facilities that will remain open (and their operating hours) in the notices announcing the closing.

7. Designated Personnel

When the University is closed due to inclement weather or emergencies, only "designated personnel" will be required to work. Such personnel will be credited with compensatory leave time for hours worked during such periods in accordance with Virginia Department of Human Resource Management Policy 1.35 - Emergency Closings. Other persons may be identified as designated personnel in view of circumstances at the particular time. Hiring supervisors are responsible for notifying personnel under their supervision of their "designated employee" status.

Non-designated personnel should not come to campus during an emergency closure unless authorized by their hiring supervisor.

8. Leave and Compensation for Designated Personnel

a. Employees who work their normally scheduled shifts during authorized closings will be credited with compensatory leave for the hours worked up to eight hours.

b. Non-exempt employees required to work hours beyond their normally scheduled shift will be compensated in accordance with the Fair Labor Standards Act (normally overtime pay or overtime leave).

c. Employees who arrive late to work due to transportation difficulties should not be charged leave when the supervisor believes that the delay was justifiable in view of the conditions.

d. Designated personnel who fail to report to work as scheduled must charge missed time to annual, sick, compensatory or overtime leave, or leave without pay, as appropriate, unless the employee was in a previously approved leave with pay status on the day of the closing. Employees who fail to report to work as scheduled may also be subject to disciplinary action.

e. Designated hourly or student employees required to work during an emergency closure will be paid for the hours actually worked.

f. Designated hourly or student employees required to work in excess of normally scheduled shifts will be paid at time-and-one-half overtime if:

i. their position is considered non-exempt and

ii. the total number of hours worked in the work week exceeds forty.
9. Leave and Compensation for Non-Designated Personnel

   a. To be eligible for pay during an authorized closing, employees must work or be on paid leave the workday prior to and the workday after the closing.

   b. Employees who are on an approved paid leave on the day of an authorized closing will not be charged leave.

   c. Employees who report to work during an authorized closing will not be credited with compensatory time unless approved by the President.

   d. For partial shift closings (late openings or early closings), employees must work all or part of the work schedule (or be in paid leave status) the day before and the day after the authorized closing.

      i. Employees who are allowed to leave work prior to the effective hour of the closing must charge the difference between that time and the official closing time to leave.

      ii. Employees who arrive late to work due to transportation difficulties should not be charged leave when the supervisor determines the late arrival to be justifiable in view of the conditions.

      iii. Employees on paid leave on a day of partial shift closing shall not have those hours of the shift closing charged to their leave balances.

      iv. Hourly and student employees shall be paid for those hours that they actually work. Therefore, hourly and student employees shall not be paid during the time the University is closed if they do not work.

10. Employees who Work Remotely

    Employees who are scheduled to work remotely (telework) during the time of the emergency closure are expected to follow the guidance for employees outlined in the employee's Telework Agreement.

11. Continuity of Operations

    The University's Continuity of Operations Plan (COOP) will be invoked when an inclement weather or other emergency situation results in the need to close the University for an extended period of time.

G. RETENTION

    Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

    Assistant Vice President for Public Relations
I. RELATED INFORMATION

Fair Labor Standards Act
University Policy 1021 – Emergency Management Policy
University Policy 6200 - Hours of Work Policy
University Policy 6202 - Telework Policy
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Giovanna Genard       May 4, 2022
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks       March 8, 2022
Chair, Policy Review Committee (PRC)       Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Chad A. Reed       May 6, 2022
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson       May 9, 2022
University Counsel       Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.       May 10, 2022
President       Date

Policy Revision Dates:  December 1, 1988; July 29, 1991; October 1, 2003;
                                      December 14, 2015; May 10, 2022

Scheduled Review Date:  May 10, 2027
A. PURPOSE

The purpose of this policy is to establish and guide the framework for emergency management (EM) programs at all Old Dominion University facilities.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Sections 23.1-803-805, as amended

Commonwealth of Virginia Executive Order 41 (2019)

Commonwealth of Virginia Emergency Services and Disaster Law of 2000, as amended

C. DEFINITIONS

Building Emergency Action Plan (BEAP) – The written framework from which to facilitate emergency response actions at the building level during all-hazards incidents/emergencies/events.

Building Emergency Coordinator (BEC) – A designated building representative who carries out basic emergency response functions (e.g., evacuation facilitation, floor sweeps, accountability documentation) during a building incident/emergency/event. The BEC also chairs the Building Emergency Preparedness Committee and serves as a conduit with and ambassadors for the Office of Emergency Management (OEM) to assist with preparedness planning, training, conducting exercises, outreach activities, communication, and emergency response, as necessary. Each BEC shall have at least one designated alternate.

Building Emergency Preparedness Committee (BEPC) – A group of building representatives or stakeholders that meet at least once annually to discuss building emergency preparedness activities and review and update the Building Emergency Action Plan. Members of the BEPC are selected by each department head(s) in a building. The BEPC designates a Building Emergency Coordinator (BEC, who serves as BEPC chair) and at least one alternate to facilitate basic
emergency response functions and coordinate with the Office of Emergency Management on BEAP updates and building emergency preparedness activities.

**Common Operating Picture** – A broad view of the overall situation as reflected by situation reports, aerial photography, and other information or intelligence.

**Continuity of Operations (Continuity)** – The effort to ensure an organization can continue its mission essential functions across a wide range of potential events.

**Crisis and Emergency Management Plan (CEMP)** – The University’s main contingency planning document that provides a strategic-level framework to effectively prevent, mitigate against, prepare for, respond to, and recover from all-hazards incidents, emergencies, and events.

**Emergency** – As defined by [Code of Virginia Section 44-146.16, as amended](https://laws.virginia.gov/lva/2019.000/44/146.16) “any occurrence, or threat thereof, whether natural or man-made, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property or natural resources.”

**Emergency Management (EM)** – The coordination of efforts to prepare for and carry out the functions to prevent, minimize, respond to, and recover from incidents caused by natural hazards, human-caused hazards, and acts of terrorism.

**Emergency Management Accreditation Program (EMAP)** – A voluntary assessment and accreditation process for State and local government emergency management programs. Accreditation is based on compliance with collaboratively developed national standards.

**Emergency Management Coordinator (EMC)** – The appointed individual (ODU Director of Emergency Management or designee) that serves as the communications liaison between the Office of the Secretary of Public Safety and Homeland Security (SPSHS), the Virginia Department of Emergency Management (VDEM), and the University pursuant to Governor’s Executive Order 41 (2019).

**Emergency Management Cycle** – A system that provides for the management and coordination of prevention, mitigation, preparedness, response, and recovery activities for all hazards. The system encompasses all organizations, agencies, departments, and individuals having responsibilities for these activities.

- **Prevention** – Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property.
- **Mitigation** – Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident.
- **Preparedness** – As defined in the National Response Framework, preparedness is the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from incidents. Preparedness is a continuous process requiring a whole community approach to be most effective.
- **Response** – Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs.
- **Recovery** – Activities that address the short-term and long-term needs and the resources to assist, restore, strengthen, and rebuild affected individuals, and the University community at large.
Emergency Notification System (ENS) – Colloquially known as ODU Alerts, the University’s combined protocols, training, systems, and equipment used to provide emergency alerts and notifications to the University community.

Emergency Operations Center (EOC) – The physical or virtual location at which the coordination of information and resources to support on-scene incident/emergency/event management activities takes place.

Essential/Designated Personnel – Exempt and non-exempt employees who are required to work during an authorized closing because their positions have been designated by the hiring supervisor as essential to University operations during emergencies.

Exercise – A test of plans, policies, and/or procedures intended to validate the planning and training process as part of a larger preparedness program. Exercises can be discussion-based, including seminars, workshops, and table tops, and operations-based, including drills, games, and functional and full-scale exercises.

Facilities and Grounds - Buildings, structures, parking lots, grounds and space owned or leased by the University.

Hazard – Something that has the potential to be the primary cause of an incident.

Hazard Mitigation – Any action taken to reduce or eliminate the long-term risk to human life or property.

Incident – An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property.

Incident Command System (ICS) – A standardized, on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. It is designed to aid in the management of resources during incidents.

Incident Commander (IC) – The individual responsible for all incident activities. The IC has overall authority and responsibility for the management of all incident operations and is responsible for the management of all incident operations at the incident site.

Mutual Aid Agreement – A written agreement between agencies, organizations, and/or jurisdictions that they will assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner.

National Incident Management System (NIMS) – A system mandated by the Federal Homeland Security Presidential Directive (HSPD) #5 that provides a consistent, nationwide approach for governments (Federal, State, and local), voluntary agencies, and the private sector to work effectively and efficiently together to prepare for, respond to, and recover from incidents, regardless of cause, size, or complexity. NIMS uses a core set of concepts, principles, and terminology.

Unified Command (UC) – Shared responsibility for overall incident management as a result of a multi-jurisdictional or multi-agency incident. In the event of conflicting priorities or goals, or where resources are scarce, there must be a clear link of authority for decision-making. Agencies contribute to unified command by determining overall goals and objectives, jointly planning for
tactical activities, conducting integrated tactical operations, and maximizing the use of all assigned resources.

**Virginia Statewide Fire Prevention Code (VSFPC)** – A state regulation promulgated by the Virginia Board of Housing and Community Development in cooperation with the Virginia Fire Services Board, both Governor-appointed boards, for the purpose of establishing statewide standards to safeguard life and property from the hazards of fire or explosion arising from the improper maintenance of life safety and fire prevention and protection materials, devices, systems, and structures and the unsafe storage, handling, and use of substances, materials, and devices, including fireworks, explosives, and blasting agents, wherever located.

**D. SCOPE**

This policy applies to all employees, students, volunteers, and visitors. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

**E. POLICY STATEMENT**

The ODU Office of Emergency Management (OEM), a unit of the ODU Department of Public Safety overseen by the Assistant Vice President for Public Safety/Chief of Police, is established and empowered with the authority to administer the ODU Emergency Management Program, and the Director of Emergency Management or designee is empowered with the authority to execute the program. The ODU Emergency Management Program's authorities and responsibilities are established and executed in accordance with the local/State/Federal statutes, regulations, directives, and/or policies. This includes the University's formal adoption, implementation, and utilization of the U.S. Department of Homeland Security’s (DHS) **National Incident Management System (NIMS)** and **Incident Command System** (ICS, a NIMS component) as the primary incident management system framework from which University incident/emergency/event management activities are structured. The Director of Emergency Management or designee is responsible for the implementation of NIMS/ICS at ODU will be coordinated by OEM. Additionally, the University’s emergency management cycle will follow the **Emergency Management Accreditation Program’s (EMAP)** model of prevention, preparedness, mitigation, response, and recovery. To support inclusive emergency planning efforts, minimize duplication of effort, and promote a common operating picture, University departments are required to cooperate with OEM in coordinating and facilitating preparedness programs and initiatives.

Unit Directors/Department Heads and individuals in supervisory roles are responsible for ensuring that personnel within their departments are aware of emergency management and fire prevention plans, policies, and the procedures for reporting accidents, emergencies, and safety issues. They are also responsible for ensuring that Building Emergency Action Plans (BEAPs) and Departmental/Unit Continuity Plans, as applicable, are developed in accordance with OEM guidelines and communicated to all unit personnel to promote familiarity with and understanding of respective roles and responsibilities during all phases of the emergency management cycle. With guidance and support from OEM, Unit Directors/Department Heads are responsible for coordinating with Building Emergency Coordinators on annual BEAP and Departmental/Unit Continuity Plan (as applicable) review, training, and exercises involving key
staff members expected to participate in incident/emergency/event response and recovery activities.

Further, all individuals to which this policy applies share collective responsibility to maintain an appropriate level of individual preparedness to support overall institutional resiliency. Members of the University community are strongly encouraged to prepare themselves accordingly for incident/emergency/event situations (whether on- or off-campus) by leveraging planning and training resources available through the ODU Emergency Management website, multiple University offices and departments, local and regional partners, the Virginia Department of Emergency Management (VDEM), and the Federal Emergency Management Agency (FEMA).

Roles and Responsibilities of the Office of Emergency Management (OEM)

OEM’s primary responsibility is to administer and maintain ongoing all-hazards planning, training, and exercise programs at the University, departmental, and individual levels, with the assistance of all relevant stakeholder departments and units.

Specific plans developed and managed by OEM include the Crisis and Emergency Management Plan (CEMP), University Continuity Plan, and Hazard Mitigation Plan. OEM is also responsible for coordinating the development of Building Emergency Action Plans (BEAP), Departmental/Unit Continuity Plans, and training and exercise programs for all University units. Training and exercise programs coordinated by OEM are outlined in the current Multi-Year Training and Exercise Plan (MYTEP), maintained by OEM.

During incident/emergency/event situations, OEM will support coordination of overall management activities virtually or physically at the incident/event site or the University’s Emergency Operations Center (EOC). In accordance with provisions set forth in the ODU CEMP, OEM is responsible for coordinating the University’s Incident Management Team and assisting the ODU Senior Leadership Team as needed. OEM is responsible for maintaining the physical/virtual EOC and staffing it with personnel who are trained on their roles and responsibilities.

Governor’s Executive Order 41 (2019) requires each State Agency to appoint an Emergency Management Coordinator and alternate to develop and maintain plans and facilitate emergency preparedness activities as outlined in the EO. The University’s Director of Emergency Management is appointed the primary Emergency Management Coordinator (EMC) and the Emergency Planner is appointed the alternate EMC. The EMC will work with the Virginia Department of Emergency Management (VDEM) and applicable local jurisdictions on emergency preparedness activities.

OEM will work with local, regional, State, Federal, and various community partners to promote information and share resources as appropriate. Additional OEM responsibilities include:

- Assisting with the management of the University’s Emergency Notification System (ENS) and associated protocols, training, and system testing;
- Promoting preparedness initiatives through presentations and other various outreach methods;
- Providing subject matter preparedness expertise to the University community;
- Coordinating with University departments that have key roles in incident/emergency/event management activities.
OEM is also responsible for managing the University’s Fire Prevention program via the Office of Fire Prevention, with respective tasks including:

- Facilitating University adherence to all applicable Virginia Statewide Fire Prevention Code (VSFPC) and associated code requirements;
- Conducting fire prevention inspections;
- Coordinating fire drills (excluding the Office of Housing and Residence Life that facilitates residence hall fire drills);
- Managing the University's automated external defibrillator (AED) program;
- Collaborating with various stakeholders, including Facilities Management and Construction, the Virginia State Fire Marshal's Office (SFMO), municipal Fire Marshal’s Offices, and external contractors;
- Facilitating fire prevention and life safety training and educational outreach initiatives;
- Compiling annual fire safety report data for inclusion in the Annual Security and Fire Safety Report;
- Responding to emergencies at any ODU facility on a 24-hour basis; and
- Serving as the resident subject matter expert for fire prevention issues/questions/concerns.

**Emergency Management Program Oversight**

Proper whole community oversight of the University’s emergency management initiatives allows the program to keep pace with the changing needs of the University community and assists in maintaining an ongoing culture of preparedness. Old Dominion University’s emergency management program is overseen by the Safety and Security Policy Committee and the Emergency Management Advisory Committee.

1. **Safety and Security Policy Committee (SSPC)**

   The University Safety and Security Policy Committee is a standing operational committee appointed by the Vice President for Administration and Finance to serve as a coordinating and policy body, with responsibility for establishing the framework for an overarching University safety, security, and emergency management program for all ODU facilities.

2. **Emergency Management Advisory Committee (EMAC)**

   The Emergency Management Advisory Committee (EMAC) is a chartered, operational committee appointed by the Assistant Vice President for Public Safety/Chief of Police and reporting to the Safety and Security Policy Committee. Chaired by the Director of Emergency Management, the Committee is responsible for providing operational oversight, coordination, and leadership for improving and furthering the University’s emergency management programs under the strategic policy direction of the SSPC. The committee will periodically support the evaluation of the University’s preparedness posture and aid in developing appropriate planning, training, exercise, and mitigation strategies designed to reduce risks and to continually enhance the resiliency of the University community.

**F. PROCEDURES**

1. **Planning**

   A coordinated, all-hazards, whole community planning effort creates the foundation of the University’s preparedness program. OEM’s primary responsibility for preparedness is to facilitate, with the assistance of all relevant stakeholders, the development and
maintenance of incident/emergency/event plans, policies, and procedures to further the resiliency of the University community.

a. University Plans

i. Crisis and Emergency Management Plan (CEMP)

ODU is required to follow the provisions set forth in Code of Virginia Section 23.1-804, as amended, with respect to the development, maintenance, and review of a written Crisis and Emergency Management Plan that outlines the framework for how the University manages incidents/emergencies/events at its facilities.

ii. University Continuity Plan

As required by Governor's Executive Order 41 (2019), the University will maintain a current institutional-level Continuity Plan, using the current template provided by the Virginia Department of Emergency Management. The University Continuity Plan identifies the University's mission-essential functions and details the primary business functions and resources (e.g., facilities, human capital, and IT) needed to perform these functions when normal operations are disrupted.

iii. Hazard Mitigation Plan

A complementary document to the CEMP, the Hazard Mitigation Plan assesses and ranks the hazards, risks, and vulnerabilities inherent to the University. All hazard types (natural, human-caused, and technological) are considered in the plan development process. The hazards, risks, and vulnerabilities identified in the Hazard Mitigation Plan are used as the foundation from which to design and develop various University planning, training, and exercise programs. The Hazard Mitigation Plan is updated periodically by OEM with University community input.

b. Building/Departmental/Unit Planning and Preparedness Requirements

i. Establishment of Building Emergency Preparedness Committee; Appointment of Building Emergency Coordinator and Alternate

All buildings are required to establish and maintain a Building Emergency Preparedness Committee (BEPC) that meets at least once annually to discuss building emergency preparedness activities and review/update the Building Emergency Action Plan.

The BEPC is required to select a Building Emergency Coordinator (BEC) and alternate to serve as a liaison with OEM for coordination of annual BEAP maintenance, as well as training and other preparedness activities. The BEC serves as BEPC chair.

ii. Building Emergency Action Plans

All University buildings are required to maintain a current, all-hazards Building Emergency Action Plan (EAP). The BEAP serves as the written framework for facilitating individual or departmental emergency response actions during all-hazards incidents/emergencies/events.
iii. Departmental/Unit Continuity Plans

University units with essential program functions (i.e., those units designated as fulfilling Primary Business Functions within the University Continuity Plan) are required to maintain a current Departmental/Unit Continuity Plan. The Continuity Plan identifies departmental mission-essential functions and details the primary business functions and resources (e.g., facilities, human capital, and IT) needed to perform these functions when normal operations are disrupted. Department heads will designate a point of contact to work with OEM to annually complete/update their Continuity Plan. As a best practice, all other University departments/units are encouraged to develop a Departmental/Unit Continuity Plan with OEM support.

2. Training

A comprehensive training curriculum is an essential component in furthering the preparedness goals of the University’s emergency management program. Per Governor's Executive Order 41 (2019), all University employees are annually required to take the Virginia State Safety and Disaster Awareness training module. Based on their roles and responsibilities in University incident response/recovery, select essential/designated personnel may be subject to participation in any or all of the following curricula: National Incident Management System (NIMS), Incident Command System (ICS), continuity planning, Building Emergency Coordinator (BEC) training, and/or other training to be developed and offered as needed. OEM, with assistance from other key departments, coordinates the University’s preparedness training program. All training will be delivered in accordance with the current Multi-Year Training and Exercise Plan (MYTEP), maintained by OEM.

3. Exercises

A tiered exercise program tests, validates, and identifies areas for sustainability and improvement in existing plans, procedures, protocol, and training. OEM coordinates the University and departmental exercise program. Per Code of Virginia Section 23.1-804 and Governor's Executive Order 41 (2019), at least one test or exercise of the CEMP and University Continuity Plan must be conducted annually. Per the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, University emergency response and evacuation procedures must be tested annually. All exercises will be delivered in accordance with the current Multi-Year Training and Exercise Plan (MYTEP) maintained by OEM. OEM is responsible for developing after-action documentation and overseeing the implementation of associated corrective actions as identified.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Public Safety/Chief of Police

I. RELATED INFORMATION
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rhonda Harris  March 1, 2022
Responsible Officer

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  January 25, 2022
Chair, Policy Review Committee (PRC)

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Todd K. Johnson  March 1, 2022
Responsible Oversight Executive

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  March 2, 2022
University Counsel

Presidential Approval:

/s/ Brian O. Hemphill Ph.D.  March 3, 2022
President

Policy Revision Dates:  December 14, 2015; March 3, 2022

Scheduled Review Date:  March 3, 2027
Policy #1050
BUSINESS-RELATED TRAVEL ALLOWANCE

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: October 29, 2021

A. PURPOSE

The purpose of this policy is to provide an alternative to the assignment of a state car or mileage reimbursement to designated University employees while transacting official business on behalf of the institution.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to university operations.

C. DEFINITIONS

N/A

D. SCOPE

This policy applies only to employees designated by the President, in writing, who are authorized to use alternative transportation. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University.

E. POLICY STATEMENT

With the approval of the President, a business-related travel allowance may be authorized for the purpose of providing an alternative to the assignment of a state car or mileage reimbursement. Approval of a travel allowance will generally be based on the needs and interests of the University.

Designated employees who receive a business-related travel allowance may not request additional mileage reimbursement using the Chrome River Travel Management System.
F. PROCEDURES

1. Travel allowances shall be approved on a case-by-case basis by the President and provided to authorized individuals according to the University’s payroll schedule.

2. Travel allowances provided to authorized individuals will be reflected on the employee’s W-2 form as “other income;” therefore, accurate business travel records should be maintained by the employee for tax purposes.

3. Travel allowances may be discontinued at any time at the discretion of the President.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Finance/University Controller

I. RELATED INFORMATION

N/A
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Mary C. Deneen September 28, 2021
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks September 28, 2021
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois October 1, 2021
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson October 7, 2021
University Counsel Date

Presidential Approval:

/s/ Brian O. Hemphill October 29, 2021
President Date

Policy Revision Dates: December 1, 1988; June 24, 2010; August 11, 2017;
October 15, 2020; October 29, 2021

Scheduled Review Date: October 29, 2026
A. PURPOSE

This policy defines the requirements for reimbursement of business travel expenses.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to university operations.

Old Dominion University has executed a Memorandum of Understanding (MOU) with the Commonwealth Department of Accounts and Department of the Treasury relating to the decentralization of nonpayroll disbursements. The MOU documents the agreement in accordance with the Appropriations Act to delegate the operation of nonpayroll disbursements to Old Dominion University as part of a program to grant relief from rules, regulations, and reporting requirements in the areas of finance and accounting.

C. DEFINITIONS

Agency Head or Designee - The President has designated signature authority for pre-travel authorization of international travel to the Associate Vice President for Academic Affairs. The President has designated signature authority for pre-travel authorization of excess lodging requests and excess business meal expenses to the Assistant Vice President for Finance/University Controller.

D. SCOPE

This policy applies to all individuals who travel on behalf of the University or who are responsible for approving or processing travel expense payments or reimbursements.

E. POLICY STATEMENT

The Commonwealth of Virginia will reimburse individuals traveling on official State business for reasonable and necessary expenses incurred. Travel expense accounts are open to the public and must be able to sustain the test of public review. When planning and paying for travel, economy,
prudence, and necessity are of primary concern. The use of State funds to accommodate personal comfort, convenience, and taste is not permitted.

It is the policy of the Commonwealth of Virginia to limit travel costs to only those expenses that are necessary for providing essential services to the Commonwealth’s citizens. Further, travelers and travel planners must seek ways to reduce the cost of essential travel.

F. PROCEDURES

Policies and procedures relating to business travel are posted on the Office of Finance Policies and Procedures website.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Finance/University Controller

I. RELATED INFORMATION

Commonwealth Accounting Policies and Procedures (CAPP), Section 20335
University Policy 1007 – University Travel Risk Management Policy
Office of Finance Filing Reimbursements Information
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Mary C. Deneen September 28, 2021
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks September 28, 2021
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois October 1, 2021
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson October 7, 2021
University Counsel Date

Presidential Approval:

/s/ Brian O. Hemphill October 29, 2021
President Date

Policy Revision Dates: December 1, 1989; July 1, 1995; August 22, 2003; September 30, 2009; January 16, 2006; October 29, 2021

Scheduled Review Date: October 29, 2026
A. PURPOSE

The purpose of this policy is to define the requirements for institutional or individual memberships in professional organizations, civic organizations, and social clubs that are paid by the University.

B. AUTHORITY

[Code of Virginia Section 23.1-1301, as amended] grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the [Board of Visitors Bylaws] grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Old Dominion University has executed a Memorandum of Understanding (MOU) with the Commonwealth’s Department of Accounts and Department of the Treasury relating to the decentralization of nonpayroll disbursements. The MOU documents the agreement in accordance with the Appropriations Act to delegate the operation of nonpayroll disbursement to Old Dominion University as part of a program to grant relief from rules, regulations and reporting requirements in the areas of finance and accounting.

C. DEFINITIONS

**Budget Unit Director** – The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

**Civic Organizations** – Organizations/associations whose mission is to provide public service to the community (e.g., Hampton Roads Chamber of Commerce, Urban League).

**Professional Organizations** – Organizations/associations whose mission is to provide a community for professionals, scholars, and practitioners to share information about their respective disciplines/areas of expertise (e.g., National Association of College and University Business Officers, American Dental Education Association, Southern Association of Colleges and Schools).
Social Clubs – Organizations/clubs whose mission is to provide social and/or recreational activities for its members (e.g., Norfolk Yacht and Country Club, Town Point Club).

D. SCOPE

This policy applies to all employees, students and employees of affiliated organizations who are paid through the University with memberships to professional organizations, civic organizations, and social clubs paid by the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University will pay for institutional and individual memberships to professional organizations, civic organizations, and social clubs provided the membership is related to the professional or civic responsibilities of the relevant department and/or individual member and to the mission of the University if the availability of departmental funds is authorized by the Budget Unit Director and the membership is approved by the President or designee. It is the responsibility of the individual to get the written approval of the Budget Unit Director and Vice President or designee.

F. PROCEDURES

1. Institutional memberships in professional or civic organizations may be paid from budgeted Educational and General, auxiliary, discretionary or gift funds, with authorization of the Budget Unit Director and approval of the President or respective Vice President. It is the responsibility of the approver to annually review institutional memberships prior to renewal.

2. Individual memberships in professional or civic organizations are generally considered to be personal professional obligations. Individual memberships may be paid from Educational and General, auxiliary, discretionary or gift funds, with authorization of the Budget Unit Director and approval of the President or respective Vice President, provided that:

   a. such membership is deemed necessary by the President or designee for the reasonable conduct of an individual’s administrative duties; or

   b. such memberships are provided for all full-time faculty members of an academic department, as faculty-development support; or

   c. University representation to a professional organization is institutionally important but institutional memberships are not available; or

   d. institutional or college representation is deemed important, and individual membership is available at substantially lower cost than institutional membership; or
e. individual membership is required for conference registration, paper submission, program presentation, or access to faculty or administrative recruiting at a professional meeting.

3. Memberships in social clubs and organizations may be paid from either discretionary or gift funds, with authorization of the Budget Unit Director and approval of the President or respective Vice President. Expenditures for such memberships are restricted to one per individual, and are considered to be important in conducting University business. Memberships to social clubs are taxable benefits to the individuals. All personal expenses associated with such memberships must be identified and reimbursed to the University. Memberships will be permitted only in clubs and organizations whose policies are consistent with the University’s Equal Opportunity and Affirmative Action policies.

G. RECORDS RETENTION

Applicable records must be retained for three years and then destroyed in accordance with the Commonwealth’s Records Retention Schedule 102, Series 012082 (Accounts Payable) and 012103 (Financial Account Reports).

H. RESPONSIBLE OFFICER

Associate Vice President for Financial Services

I. RELATED INFORMATION

University Policy 3001 – Responsibility of Budget Unit Directors on Use of Funds (Expenditures)
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Deborah L. Swiecinski
Responsible Officer
August 7, 2017
Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks
Chair, Policy Review Committee (PRC)
June 27, 2017
Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois
Responsible Oversight Executive
August 9, 2017
Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance
University Counsel
August 9, 2017
Date

Presidential Approval:

/s/ John R. Broderick
President
August 11, 2017
Date

Policy Revision Dates: July 1, 1990; July 20, 1993; August 22, 2003; April 26, 2011; August 11, 2017

Scheduled Review Date: August 11, 2022
A. PURPOSE

This policy establishes a uniform system to process informational records of employees, vendors, and students of Old Dominion University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations. This includes the authority to create policies and procedures regarding the input and maintenance of data in the Banner Administrative Information System.

C. DEFINITIONS

Banner Administrative Information System - The term used to reference the Ellucian information technology system, Banner®. Banner is the administrative software system used to manage student information, financial aid, finance, and human resources at Old Dominion University.

D. SCOPE

This policy applies to all employees, employees of affiliated organizations who are paid through the University, students, and vendors of the institution (and their employees). Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.
E. POLICY STATEMENT

The maintenance of consistent address, name, and social security number or Federal Employer Identification Number (FEIN) in Banner is assigned to the departments that have been designated as the custodians of that information due to the nature of the work performed by those departments.

F. PROCEDURES

When changes need to be made to the information on file with the University, the process outlined below must be followed to make the changes:

1. Name Changes
   a. Employees*: If an employee’s name changes, a new social security card with the new name must be taken to the Department of Human Resources. Name changes will not be processed until the new social security card is received.
   b. Students (including student employees): If a student’s name changes, a new social security card with the new name must be taken to the Office of the University Registrar. Name changes will not be processed until the new social security card is received.
   c. Vendors: If a vendor’s name changes, a new COV Substitute W-9 form must be provided to Accounts Payable in the Office of Finance.

2. Address Changes
   a. Employees*: All employees are responsible for maintaining current address information with the University. New address information should be provided to the Department of Human Resources by the employee via an Address Change Form, memo, or e-mail. Two types of addresses are currently maintained by the Department of Human Resources: ODU Permanent (PR) and ODU Campus (CA).
   b. Students (including student employees): Students are responsible for maintaining current address information with the University. Current (CU) and Permanent (PR) address information can be maintained and updated by logging into the University’s self-service system at my.odu.edu. It is also possible to report new address information to the Office of the University Registrar at 1009 Alfred B. Rollins Hall, Norfolk, VA 23529 and for student employees by contacting E1s Processing in the Office of Finance at 2103 Spong Hall. Two types of addresses are currently maintained by the Office of the University Registrar: ODU Permanent (PR) and ODU Current (CU).
   c. Vendors: New address information should be provided to Accounts Payable in the Office of Finance by providing an updated COV Substitute W-9 form or by providing an updated remittance address on vendor invoices. Two types of addresses are currently maintained.

* Does not include student employees
3. Social Security Number or Fein Changes

   a. Employees*: If an employee’s social security number changes, a new social security card with the new social security number must be taken to the Department of Human Resources. Social security number changes will not be processed until the new social security card is received.

   b. Students (including student employees): If a student’s social security number changes, a new social security card with the new social security number must be taken to the Office of the University Registrar. Social security number changes will not be processed until the new social security card is received.

   c. Vendors: If a vendor’s Federal Employer Identification Number (FEIN) changes, a new IRS Form W-9 (Request for Taxpayer Identification) or an acceptable substitute form must be provided to Accounts Payable in the Office of Finance.

G. RECORDS RETENTION

   Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE DEPARTMENTS

   The responsible department for changes made to employee informational records (other than student employees) is the Department of Human Resources.

   The responsible department for changes made to student informational records (including student employees) is the Office of the University Registrar.

   The responsible department for changes made to vendor informational records is Accounts Payable in the Office of Finance.

I. RELATED INFORMATION

   Campus Address Change Form
   Home (Permanent) Address Change Form
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Kathy Williamson  January 15, 2016
Responsible Officer  Date

/s/ Mary Swartz  January 13, 2016
Responsible Officer  Date

/s/ Mary Deneen  January 15, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  October 27, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  January 14, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  January 19, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  January 16, 2016
President  Date

Policy Revision Dates:  March 1, 1999; October 2, 2009; January 16, 2016

Scheduled Review Date:  January 15, 2021
OLD DOMINION UNIVERSITY
University Policy

Policy #1100
GIFT MANAGEMENT

Responsible Oversight Executive:  Vice President for University Advancement
Date of Current Revision or Creation:  August 9, 2018

A. PURPOSE

The purpose of this policy is to outline the responsibilities for the proper receipt, transfer and expenditure of gifts to the University and those managed by the University-affiliated Foundations.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 23.1-2003, as amended – Powers and Duties

Board of Visitors Policy 1631 – Spending Policy for Endowed Funds

Board of Visitors Policy 1801 – Development Policy

Board of Visitors Policy 1802 – Acceptance of Gifts-in-Kind to the University

C. DEFINITIONS

Gift - Any receipt of funds that involves money or other property (including gifts-in-kind) given voluntarily and made without receiving, or expecting to receive, anything of equal value (as defined in Publication 526 of the Internal Revenue Service).

Gifts-in-Kind - Non-monetary gifts including, but not limited to, art, books, collections, equipment, real estate, software, and intellectual property.

Ledger 6 Gift Accounts - University budget accounts that are established for managing gifts to the University and are available for those items that benefit the University but are not permissible by the expenditure guidelines established by the Commonwealth.

University-affiliated Foundations - Includes the Educational, Athletic, Museum, and Real Estate Foundations that are tax-exempt nonprofit organizations created to further the educational purposes, athletic activities and related objectives of the University.
D. SCOPE

This policy applies to all employees, students and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

The Board of Visitors has delegated responsibility to the Educational, Athletic, Museum, and Real Estate Foundations to receive and acknowledge gifts on the University’s behalf. Gifts shall be properly received, acknowledged and expended by the Foundation in accordance with any donor restrictions, and gift resources shall be transferred to the University in a planned and prudent manner.

F. PROCEDURES

1. Gifts for the benefit of the University will be deposited in the appropriate accounts of the University, Educational Foundation, Athletic Foundation, Museum Foundation, or Real Estate Foundation. Gifts may be restricted to a College, department, or program by the donor with the approval of the Vice President for University Advancement or his/her designee.

2. By February 15 of each year, the Vice President for University Advancement or his/her designee will submit to the President a report including the total of all gifts received during the past fiscal year by the Foundations or other calculated amounts in accordance with applicable spending policies in effect at that time. Included in the report will be details on any donor restrictions and the amounts available for expenditure.

3. As part of the University's annual budgeting process:
   
   a. Each Vice President is responsible for requesting gift and endowment transfers to existing Ledger 6 budgets and establishing, as necessary, the ledger 6 budgets for restricted gifts available for expenditure in the appropriate budget unit. Normally gifts will be expended from a single department or College Ledger 6 budget account following transfer from the Foundations. The Budget Unit Director responsible for each Ledger 6 budget must ensure that any and all gift restrictions are met in accordance with the Memorandum of Understanding maintained by the Foundations. It is expected that the funds will be expended by the department or College during the fiscal year in which they are budgeted.

   b. Following approval of the Operating Budget and Plan by the Board of Visitors, the Budget Office will prepare a written request to the Foundations to transfer to the University their respective funds to be budgeted for the coming year and provide the option for direct expenditure from the Foundations at the request of the President of the University. The Budget Office will specify Foundation accounts and corresponding Ledger 6 budgets for cash transfers.
c. Vice Presidents or their designees may petition the University Budget Office for exceptions to this policy in order to expend restricted gifts needed or designated for the current year.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonweal\'s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President for Foundations

I. RELATED INFORMATION

Board of Visitors Policy 1810 – Naming of University Buildings, Building Spaces, or Areas
University Policy 3001 - Responsibility of Budget Unit Directors on Use of Funds (Expenditures)
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Maggie Libby ___________________________ July 17, 2018 ________________
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks __________________________ May 22, 2018 ________________
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Alonzo Brandon __________________________ July 17, 2018 ________________
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ___________________________ August 7, 2018 ________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick ___________________________ August 9, 2018 ________________
President Date

Policy Revision Dates: December 1, 1988; August 22, 2003; February 21, 2011; August 9, 2018

Scheduled Review Date: August 9, 2023
A. PURPOSE

The purpose of this policy is to establish the roles, responsible parties and policy guidelines for the establishment of scholarships, fellowships, and prizes.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 23.1-2003, as amended – Powers and Duties

Board of Visitors Policy 1631 – Spending Policy for Endowed Funds

Board of Visitors Policy 1801 – Development Policy

Board of Visitors Policy 1802 – Acceptance of Gifts-in-Kind to the University

C. DEFINITIONS

Acceptance Criteria - Decision factors in the award of scholarships, fellowships or prizes that include, but are not limited, to the following: participation in a certain program or activity, minimum GPA or rank in class, class level (graduate or undergraduate), declared or intended major in a designated field, and residency in designated locality. Restrictions on the basis of ethnicity, race or that otherwise involve the application of affirmative action/equal opportunity laws must be approved by University Counsel prior to establishment of the award.

Annual Scholarships/Fellowships - A contribution for an annual scholarship/fellowship may be provided by an individual or an institution. It is an annual payment that is to be expended for scholarships/fellowships awarded according to criteria established by the donor, in conjunction with the Office of Development, with prior approval of the Director of Student Financial Aid. All annual scholarships/fellowships are subject to acceptance criteria.
**Endowed Scholarships/Fellowships** - Scholarships are gift aid that may be awarded to undergraduate and graduate students. Fellowships are gift aid that may be awarded to graduate students. An endowment is a permanent fund that has been established for the purpose of providing scholarships/fellowships for students. Endowed scholarships/fellowships are awarded according to criteria established by the donor, in conjunction with the Office of Development with prior approval of the Director of Student Financial Aid. All endowed scholarships/fellowships are subject to acceptance criteria.

**Gift Aid** - Funds such as grants or scholarships that do not require repayment.

**Prizes for Students/Faculty** - Student/faculty prizes may be endowed or annual and are awarded according to criteria established by the donor with prior approval of the Office of Development. Student prizes differ from scholarships in that students generally do not apply for them and the disbursements are handled by the Foundation. Depending on the criteria established by the donor, continued enrollment may not be a condition of the award. Prizes are awarded "after the fact" in that they are given to students/faculty for prior achievements in coordination with the Office of Development and individual University departments. Achievement may be determined through, but is not limited to, demonstration of performing or artistic ability, submission of written work, performance in an activity, or calculation of a grade point average. All prizes for students/faculty are subject to acceptance criteria.

**D. SCOPE**

This policy applies to all employees, students and employees of affiliated organizations paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through and operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

**E. POLICY STATEMENT**

The University provides endowed and annual scholarships, fellowships and student prizes in accordance with established financial and operational controls and criteria and adheres to legal standards regarding nondiscrimination. Responsibilities for fund development, award, and disbursement are assigned to individual University administrative units. A written agreement with appropriate administrative approval is required in advance of establishing a scholarship, fellowship or prize.

The Director of Student Financial Aid has been delegated management authority and responsibility to monitor the endowed and annual scholarship delivery process and the acceptance and approval of all new programs, the budget process, and the implementation of policies and procedures for the administration of these programs. Fiscal controls will be established in budgeting, awarding, and accounting processes.
F. PROCEDURES

1. A written agreement for scholarships, fellowships and prizes must include the following statements:
   
   a. in which category of aid the award will be aligned so that existing policies and procedures may be applied
   b. the nature and source of funding
   c. the acceptance criteria to be eligible for the award
   d. a spending rule or general reference to the current spending policy in effect
   e. the authority of the Board of Directors of the Foundations to change the criteria of the award if the purpose of the award no longer exists with, whenever possible, the inclusion of the donor’s approval.

2. Prior to Old Dominion University’s acceptance of responsibilities to administer or develop any annual or endowed scholarship, a written agreement must bear the signature of the President of the University or a Vice President and the Director of Student Financial Aid.

3. Recipient selection and disbursement of funds for endowed and annual scholarships are coordinated through the Office of Student Financial Aid.

4. Funds may be awarded or disbursed before they have been received and transferred to appropriate accounts with prior approval by the Office of Development.

5. Fiscal controls are established in the budgeting, awarding, and accounting processes to ensure the following conditions:
   
   a. Donors of financial aid funds are to be assured that the conditions under which their funds were granted are being followed except as noted in 1.e. above.
   b. Donors of financial aid funds are to be assured that the students who receive the funds meet the award’s criteria.

6. Written policies and procedures for each program/award/scholarship must be defined and regularly reviewed, reevaluated and revised as necessary by the Office of Development.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President for Foundations

I. RELATED INFORMATION

Board of Visitors Policy 1810 – Naming of University Buildings, Building Spaces, or Areas
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Maggie Libby ___________________________    July 17, 2018
Responsible Officer                          Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________   May 22, 2018
Chair, Policy Review Committee (PRC)         Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Alonzo Brandon ___________________________   July 17, 2018
Responsible Oversight Executive               Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ______________________________ August 7, 2018
University Counsel                           Date

Presidential Approval:

/s/ John R. Broderick __________________________ August 9, 2018
President                                   Date

Policy Revision Dates:   December 1, 1988; February 21, 2011; August 9, 2018

Scheduled Review Date:  August 9, 2023
A. PURPOSE

To outline the delegation of authority in regards to contracts and leases as granted to the President by the Board of Visitors.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 23.1-2000 et seq., as amended

Bylaws of the Old Dominion University Board of Visitors, Article VI, §6.01 (c) (7)

Board of Visitors Policy 1240 – Resolution Concerning Employment

C. DEFINITIONS

Affiliation Agreements - Memoranda of Understanding, agreements, or contracts that provide an affiliation for purposes of providing students or faculty with access to necessary training, research, other educational institutions or other access to fulfill the educational purpose of the University.

Blanket and Term Contracts - Contracts between the University and vendors to obtain a specified pricing system for a specified period of time. These contracts promote the availability of commonly used goods or services at stable prices for the stated period of time. No money is due under these contracts until the product is ordered.

Certificate of Confidentiality - Helps researchers protect the privacy of human research participants enrolled in biomedical, behavioral, clinical and other forms of sensitive research. Issued by the National Institutes of Health or the Health Resources & Services Administration, certificates protect against compulsory legal demands, such as court orders and subpoenas, for identifying information or identifying characteristics of a research participant.
Cooperative Research and Development Agreement (CRADA) - An agreement between one or more Federal agencies and/or technical activities and the University. Under a CRADA, the Federal agency and/or technical activities shall provide personnel, services, facilities, equipment, or other resources with or without reimbursement (but not funds to the University). CRADAs are instruments that may be used in all aspects of a product and/or system life cycle when research, development, test and evaluation activities occur. The University parties shall provide funds, personnel, services, facilities, equipment, or other resources toward the conduct of specified research and development efforts that are consistent with the mission of the Federal agency. The CRADA partners shall share in the intellectual property developed under the effort. The terms of the CRADA may not conform to a procurement contract or cooperative agreement as those terms are used in Sections 6303-6305 of 31 U.S.C. (reference (i)). Two types of CRADAs are Technical Assistance CRADA and Military-Use CRADA.

Delegator – A delegator is any position listed in Section E. or any position to whom authority is further delegated by those positions.

Facilities and Administration Cost Agreement - An agreement entered into by the University to have the University’s costs reimbursed; the University agrees to verification of costs by the Federal government.

Formal Contracts - All other contracts where the University contracts with another entity for goods and services other than employment contracts, whereby all terms and conditions are expressly stated.

Lease - A document for the rental of real estate, office or classroom space, or other space or property whereby the University obtains quiet enjoyment of the space or property.

Memoranda of Understanding - Agreements that generally do not contain monetary consideration but contain mutual promises as consideration.

Proposal Transmittal Agreement - An agreement between the University and the Old Dominion University Research Foundation (ODURF) where the University agrees the information is correct and warrants that the grant will be completed in return for ODURF's management of the grant.

Purchase Orders - Documents that reflect the purchase by the University of goods or services that most commonly occur (but not exclusively) through use of the electronic purchasing system maintained by the Commonwealth of Virginia (eVA).

Revenue Contracts/Agreements - Include any contract for goods or services, any sponsorship agreement or any agreement that generates revenue to the University.

Sponsored Program Proposals, Grants and Agreements - Occur when the University applies for grants through proposals, is awarded the grant, and while managed by the Old Dominion University Research Foundation, the grant requires the University to submit the proposal and sign all necessary agreements and assignments.

D. SCOPE

This policy applies to all employees and recognized student organizations that enter into agreements, memoranda of understanding, purchase orders, or contracts on behalf of the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. This policy covers those positions listed
below that have been delegated authority by the President for contract approval and any position to which authority has been further delegated by those positions.

E. POLICY STATEMENT

1. The President may delegate the authority of the powers entrusted to the President by the Board of Visitors in Article VI, § 6.01 (c)(7). Power delegated by the President may be further delegated within the limitation of the power being delegated by the individual to whom the power has been delegated unless the power to delegate is specifically limited or revoked by the President or other delegated individual.

2. The Provost and Vice President for Academic Affairs is delegated the following powers to bind the University in academic matters:

   a. Affiliation Agreements and Memoranda of Understanding that do not require the expenditure of University funds
   b. Faculty contracts
   c. Playbill advertising associated with theater productions not to exceed the upper limit established in the Schedule of Tuition, Fees and Charges
   d. Continuing education courses, seminars and workshops for employees under the supervision of the Provost and Vice President for Academic Affairs

   The Provost and Vice President for Academic Affairs may delegate these powers, in writing, but shall remain accountable for the judicious exercise of the powers.

3. The Vice President for Administration and Finance is delegated the following powers to bind the University in administrative and financial matters:

   a. Leases for five years or less
   b. Documents necessary to purchase, sell or otherwise convey interests in real property, subsequent to Board of Visitors approval
   c. Use of University facilities
   d. Write off debts and settle claims
   e. All agreements that involve a discount in tuition
   f. Acquisition of goods, services, architecture and engineering services, construction contracts, contract modification, and change orders including but not limited to the following contract types and forms:
      i. Formal contracts
      ii. Blanket and Term contracts
      iii. Purchase orders
      iv. Revenue contracts
      v. Memoranda of Understanding
The Vice President for Administration and Finance may delegate these powers, in writing, but shall remain accountable for the judicious exercise of the powers.

4. The Vice President for Research is delegated the following powers to bind the University in research matters:
   a. Memoranda of Understanding that do not require the expenditure of University funds
   b. Contracts and agreements involving intellectual property
   c. Collaborative research agreements
   d. Certificates of confidentiality
   e. Cost-matching agreements
   f. Facilities and administration cost agreements
   g. Visiting scholar and volunteer agreements
   h. Proposal transmittals
   i. Sponsored program proposals, grants and agreements
   j. Agreements and certifications related to regulatory compliance in research including but not limited to the following:
      i. Agreements and certifications pertaining to animal care and use
      ii. Agreements and certifications pertaining to biosafety
      iii. Agreements and certifications pertaining to export control
      iv. Agreements and certifications pertaining to human subjects
      v. Agreements and certifications pertaining to radiation safety
      vi. Agreements and certifications pertaining to recombinant DNA
      vii. Agreements and certifications pertaining to research integrity

The Vice President for Research may delegate these powers, in writing, but shall remain accountable for the judicious exercise of the powers.

5. The Vice President for Student Engagement & Enrollment Services is delegated the following powers to bind the University for the following contracts:
   a. One-time student events.

The Vice President for Student Engagement & Enrollment Services may delegate these powers, in writing, but shall remain accountable for the judicious exercise of the powers.

6. The Athletic Director is delegated the following powers to bind the University in athletic matters:
   a. Intercollegiate athletic competition
   b. Special athletic events
c. Sponsorship in athletic tournaments, promotion of athletic events, and provision for community sports, none of which involve the expenditure of University funds.

The Athletic Director may delegate these powers, in writing, but shall remain accountable for the judicious exercise of the powers.

7. Except for the authority granted above, no individual should act or has the authority to bind the University unless he or she has an unexpired written delegation of authority.

F. PROCEDURES

1. It is the responsibility of the individuals listed in E.2. through E.6. above to establish, validate, update, renew or revoke delegation of authority to the positions to whom they delegate their respective powers delegated by the President and to ensure that copies of the written letter of delegations are kept in their office and provided to the Office of University Counsel. It is also their responsibility to keep a current list of all delegation letters for the units within their respective organizations.

2. In cases of further delegated authority, the delegator has the responsibilities listed in F.1. above and must also provide a copy of the letter of delegation to the respective Vice President or Athletic Director.

3. Written letters of delegation should include the employee’s position title, the authority being delegated, the effective date and duration of the delegated authority, and any limitations or conditions attached to the delegated authority in order for it to be valid.

4. Separations from the University or transfer to another position within the University will automatically revoke any authority inherent in the position to which authority has been delegated. Delegators are responsible for immediately notifying the Office of University Counsel of such separations or transfers and for issuing new written letters of delegated authority to individuals who assume those positions. Copies of the new letters must be provided to the Office of University Counsel and (in the case of further delegated authority) to the respective Vice President or Athletic Director.

5. On a biennial basis the Office of University Counsel will prepare a comprehensive listing of letters of delegation currently on file and send the list to delegators for validation. Each delegator will be responsible for validating the listing for accuracy, updating any delegation letters for changes if necessary, and returning the listing to the Office of University Counsel and (in the case of further delegated authority) to the respective Vice President or Athletic Director.

6. The Office of University Counsel is responsible for revising Section E. of this policy should the President delegate additional authority to the positions listed or additional positions are delegated authority for contract approval by the President.

7. All individuals are encouraged to submit agreements for review to the Office of University Counsel prior to their execution. The following documents, however, must be submitted to University Counsel for review:

   a. Contracts, agreements or a Memorandum of Understanding with an annual cost to the University in excess of $500,000.
b. Revenue contracts with anticipated annual revenue in excess of $50,000.

c. All documents related to transactions involving real estate including but not limited to leases, easements, deeds, and other miscellaneous real estate transactions.

d. All other documents, agreements, contracts, and memoranda of understanding not included in Paragraphs E.2. through E.6. above.

8. All delegation of authority inquiries and/or confirmation should be directed to the Office of University Counsel.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate University Counsel

I. RELATED INFORMATION

Sample Delegation of Authority Memo
POLICY HISTORY
*********************************************************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ James D. Wright July 11, 2017
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks July 10, 2017
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ R. Earl Nance July 11, 2017
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance July 11, 2017
University Counsel Date

Presidential Approval:

/s/ John R. Broderick July 12, 2017
President Date

Policy Revision Dates: December 1, 1988; October 2, 2009; June 27, 2014; July 12, 2017

Scheduled Review Date: July 12, 2022
A. PURPOSE

The purpose of this policy is to limit commercial solicitation of the University community, creating an atmosphere conducive for community members to carry out the educational purpose of the University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 33.2-802, as amended

Family Educational Rights and Privacy Act Regulations

University Policy 3200 - Use of Facilities and Grounds

University Policy 3500 - Use of Computing Resources

University Policy 4100 - Student Record Policy

C. DEFINITIONS

Solicitation – Selling or promoting products, goods, or services, seeking contributions or pledges and conducting membership drives for non-University affiliated organizations on campus or by use of a campus directory.

D. SCOPE

This policy applies to all employees, volunteers, employees of affiliated organizations who are paid by the University, and visitors to the institution. Employees include staff, administrators, faculty, full-time or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their
employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

Use of employee and student directories for the purpose of solicitation is prohibited unless otherwise approved by the President (such as, but not limited to, the University’s Dominion Fund Campus Community Campaign and the State Employees’ Commonwealth of Virginia Campaign.)

Solicitation in the form of flyers, advertisements or other items placed on motor vehicles located in parking spaces owned or controlled by the University is prohibited.

This policy does not apply to job fairs, benefit fairs or other instances in which the University invites the solicitation.

F. PROCEDURES

1. Persons found to be using employee or student directories for the purpose of solicitation should be reported to department heads or managers.
   a. The department head or manager is responsible for determining whether such person is authorized by the President to solicit.
   b. If not authorized, the department head or manager shall inform such person of this policy and advise them that failure to cease may result in appropriate action against the offender. If the offender is an employee, such action may include discipline in accordance with appropriate University policies.

2. Persons observed placing solicitations in the form of flyers, advertisements or other items on motor vehicles located in parking spaces owned or controlled by the University should be reported to the Old Dominion University Police Department.

3. In instances where there is a repeated disregard by an individual to instructions concerning this policy, the Office of University Counsel should be consulted.

4. Sales representatives or vendors dealing in University supplies, equipment, or services may conduct business when invited by a University employee. University employees are encouraged to provide such invitation in writing.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedules.

H. RESPONSIBLE OFFICER

Associate University Counsel

I. RELATED INFORMATION

Board of Visitors Policy 1450 – Faculty Sanctions
University Policy 6600 – Standards of Conduct for Classified Employees
Information Technology Standard 09.1.0 – Acceptable Use Standard
Information Technology Standard 10.1.0 – Disciplinary Action Standard
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ James D. Wright May 1, 2017
Responsible Officer

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks March 14, 2017
Chair, Policy Review Committee (PRC)

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ R. Earl Nance May 1, 2017
Responsible Oversight Executive

University Counsel Approval to Proceed:

/s/ R. Earl Nance May 1, 2017
University Counsel

Presidential Approval:

/s/ John R. Broderick May 17, 2017
President

Policy Revision Dates: February 1, 1993; June 16, 2003; September 11, 2004;

Scheduled Review Date: May 17, 2022
Policy #1700
UNIVERSITY DEMONSTRATIONS POLICY

Responsible Oversight Executive: Vice President for Student Engagement & Enrollment Services

Date of Current Revision or Creation: August 8, 2022

A. PURPOSE

The purpose of this policy is to articulate Old Dominion University’s commitment to the free and open exchange of ideas by members of the University community, to establish general provisions for orderly campus demonstrations, and to ensure that demonstrations are conducted in compliance with Federal and State law and University policies and through the appropriate use of campus services and facilities.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 23.1-401, as amended. Constitutionally protected speech; policies, materials, and reports; report.

C. DEFINITIONS

Amplified Sound – Sound volume that is increased by any electric, electronic, mechanical, or motor-powered means. Shouting and group chanting are not amplified sound and are not subject to the special rules on amplified sound, but are subject to reasonable time, place, and manner restrictions.

Campus – Includes all facilities and grounds owned, leased, or controlled by the University.

Demonstration – One or more individuals on campus, expressing one side of a particular viewpoint, with the goal of gaining attention for their stated viewpoint, including but not limited to, rallies, marches and “sit-ins.”

Facilities – Buildings, structures, and parking lots owned, leased, or controlled by the University.

Freedom of Speech – The right, guaranteed by the First Amendment to the U.S. Constitution, to express beliefs and ideas, including symbolic speech, without unwarranted government restriction.
Grounds – All other property that is owned, leased or controlled by the University that is not considered a facility.

Space – The area inside a facility or defined area of grounds.

Symbolic Speech – A representation of one’s beliefs or messages in the form of non-verbal communication. This type of presentation can be found in venues of political activity in the form of silent rallies, marches, display of images, and the wearing of apparel such as pins and armbands. Protected symbolic speech does not include activities “tending to cause violence” or inciting imminent unlawful action as expressly prohibited by law. These activities include, but are not limited to, the following:

- Burning crosses and other objects on the property of another or public place with intent to intimidate (Virginia Code 18.2-423 and 18.2-423.01)
- Placing swastikas on certain property with intent to intimidate (Virginia Code 18.2-423.1)
- Displaying nooses on property of another or public place with intent to intimidate (Virginia Code 18.2-423.2)

Student Organization – An identifiable group of students, as described in Board of Visitors Policy 1530, Code of Student Conduct, and/or that has complied with requirements for registration as set forth by the Office of Student Engagement & Traditions. Included are groups that seek but have not yet been granted recognized status.

D. SCOPE

This policy applies to all employees, students, student organizations, volunteers, and visitors to the institution. Employees include staff, administrators, faculty, full-time or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University's programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The University affirms the right to examine and discuss all questions of interest and to express opinions publicly and privately. Members of the University community are free to express opinions publicly and privately and support causes by orderly means, subject to reasonable time, place, and manner restrictions, that do not disrupt the regular and essential operations of the institution.

The University also affirms the right to engage in peaceful, orderly demonstrations within reasonably and impartially applied non-content-based rules designated by the University. These rules reflect the educational purposes of the University and are intended to protect the safety of members of the University community and others. The right to demonstrate does not include the right to engage in conduct that disrupts the University's operations, endangers the safety of others, or incites others to imminent unlawful action. The University may establish rules regulating time, place, and manner of such activities and allocating the use of facilities, but these regulations shall not be used as a means of censorship.
F. PROCEDURES

1. All members of the University community may use any publicly available outdoor area of campus for meetings, gatherings, events, or demonstrations, so long as such use does not cause a material and substantial disruption to University activities or cause the University to incur significant costs. The University’s Virtual Event Management - Reservation Requests (EMS) Website identifies the areas and procedures for reserving space. These areas include Webb Center and Kaufman Mall, Academic Space (Classrooms and Labs), and the Student Recreation Center and Outdoor Space. The following outdoor areas are available for reservations:
   a. Bolling Square
   b. Dominion House Lawn
   c. Kaufman Mall
   d. Perry Library/Engineering Field
   e. Powhatan Pavilion
   f. Runte Quad
   g. Student Recreation Backfield
   h. Whitehurst Beach
   i. Whitehurst Field
   j. Williamsburg Lawn

   Brock Commons is available for reservations through the University's Brock Commons Website.

2. For all events that are reasonably expected to attract over 50 attendees or otherwise necessitate coordination of timing or resources on the part of the University, prior approval and a location reservation are required. Prior approval and a location reservation are encouraged for all events with fewer than 50 participants in order to coordinate the use of any outdoor campus space. This is to facilitate advance planning to identify space, event resources, and to conduct any safety planning. The Old Dominion University Police Department (ODUPD) and/or the appropriate University official may arrive to ensure the safety of all participants as described in Section F.5 or perform lawful activities authorized in F.6.

3. All members of the University community must adhere to University Policy 3200, Use of Facilities and Grounds, when scheduling and conducting such events. Students should refer to the Student Organization Handbook for specific guidance.

4. The Dean of Students or designee may talk with students seeking to hold a demonstration. The Vice Provost for Academic Affairs or designee will be the point of contact for all other events.

5. ODUPD and/or the appropriate University official may also be present during demonstrations to help ensure all participants are afforded a safe and protected forum that is conducive to preserving the speakers’ freedom of speech and expression.
6. ODUPD should be called to assist in instances where demonstrations become unsafe or disruptive. A demonstration is disruptive or unsafe if it includes any activity that:

   a. Incites others to imminent unlawful action or threatens the safety of any person.

   b. Denies or unreasonably interferes with the rights of other students, faculty, or staff of the University, including the rights of others to demonstrate.

   c. Occurs in a way that blocks entrances, exits, or passageways from or to any University building or vehicle traffic on or to campus. The approved event must cease if there is an emergency or building evacuation.

   d. Unreasonably interferes with University operations. This may include, but is not limited to, the following:

      i. Interfering with the instruction, research, or administration of the University.

      ii. Denying the use of offices, classrooms or other facilities to students, faculty, staff, or visitors of the University.

   e. Fails to comply with any other University policy or any other lawful directive, including a directive to cease the event.

7. During all events (including, but not limited to, demonstrations), the University reserves the right to take appropriate measures in compliance with the law to preserve and protect the speakers’ freedom of speech and expression, ensure safety, and end the disruption as described in sections 6a. through 6e. When disruption occurs, the appropriate University official may first attempt to resolve the situation through dialogue, when possible and appropriate, prior to taking any measures to cease the event.

8. Counter demonstrations will be held to the same standards and will be given the same rights and responsibilities as noted above. In an effort to promote dialogue while upholding safety and order of the University, a separate area may be designated for those persons with views that differ from the views held by the event organizers. In order to ensure the safety of all participants, ODUPD and/or the appropriate University official may be required to be in attendance.

9. Sanctions/Disciplinary Action – Employees, students, and/or student organizations suspected of engaging in activity as described in F.6. of this Policy will be referred to the appropriate official(s) for follow-up under the policies identified in "Related Information" below.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Dean of Students
I. RELATED INFORMATION

Board of Visitors Policy 1011 – Freedom of Expression
Board of Visitors Policy 1014 – Threat Assessment
Board of Visitors Policy 1502 – Student Rights and Freedoms
Board of Visitors Policy 1530 – Code of Student Conduct
University Policy 1005 – Discrimination Policy
University Policy 3200 – Use of Facilities and Grounds
Academic Freedom
Teaching and Research Faculty Handbook
Administrative and Professional Faculty Guidebook
Classified Employee Handbook
Wage Employee Guidebook
Adjunct Faculty Guidebook
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Vicki Williams  July 29, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  May 3, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Don Stansberry  August 3, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  August 4, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  August 8, 2022
President  Date

Policy Revision Dates:  February 27, 2017, April 12, 2018; October 1, 2020
August 8, 2022

Scheduled Review Date:  August 8, 2027
A. PURPOSE

The purpose of this policy is to outline the requirements, procedures, and processes necessary to maintain compliance with the Principles of Accreditation: Foundations for Quality Enhancement with specific focus on coordinating timely and complete notification of substantive changes to the University’s regional accrediting body, the Southern Association of Colleges and Schools, Commission on Colleges (SACSCOC).

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Board of Visitors Policy 1002, Major Goals of the University, outlines the major goals of the University including quality of academic programs (Goal 3) and identifies the University’s commitment to a continual improvement process, allowing for “rigorous and regular evaluation of the quality, pertinence and effectiveness of academic and other University programs.”

C. DEFINITIONS

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) – The body for the accreditation of degree-granting higher education institutions in the Southern states. It serves as the common denominator of shared values and practices primarily among the diverse institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and Latin America and certain other international sites approved by the SACSCOC Board of Trustees that award associate, baccalaureate, master’s, or doctoral degrees. The Commission also accepts applications for membership from domestic institutions in the other 39 states, as well as international institutions of higher education around the world.

Substantive Change - A significant modification or expansion of the nature and scope of an accredited institution. Such changes and the applicable institutional notifications are codified in SACSCOC Substantive Change Policy and Procedures.
Branch Campus - A special form of off-campus instructional site that is geographically apart and independent of the main campus of the institution, where instruction is delivered. A location is independent of the main campus if the location is (1) permanent in nature; (2) offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority.

Degree Completion Program – A program for which the institution accepts or requires a substantial amount of transfer credit prior to entry and the primary offerings are in the program major.

Distance Learning - A method of delivery in which 50% or more of instruction occurs when students and instructors are not in the same location. It includes synchronous (live or in real-time) and asynchronous (not live or in real time) instruction. A distance education course may employ correspondence study or audio, video, or computer technologies.

Level - SACSCOC's level taxonomy categorizes institutions by the highest degree offered. Old Dominion University is designated as a Level VI institution: Offers four or more doctorate degrees.

Merger/Consolidation - SACSCOC defines a consolidation as the combination or transfer of the assets of at least two distinct institutions (corporations) to that of a newly-formed institution (corporation) and defines a merger as the acquisition by one institution of another institution’s assets. For the purposes of accreditation, consolidations and mergers are considered substantive changes requiring review by SACSCOC. (Examples include: a senior college acquiring a junior college, a degree-granting institution acquiring a non-degree-granting institution, two junior or senior colleges consolidating to form a new institution, or an institution accredited by SACSCOC merging with a non-accredited institution.)

Off-Campus Site – Campus location geographically apart from an institution’s sole main campus, and where instruction is delivered.

Program or Program of Study - A course of study leading to a formal award, e.g., degree, certificate.

SACSCOC Accreditation Liaison – The individual at the institution who is responsible for ensuring the timely submission of annual institutional profiles and other reports as requested by the Commission in the years between accreditation reviews. With the President, the Accreditation Liaison is responsible for the accuracy of all information submitted to SACSCOC and for ensuring ongoing compliance with SACSCOC standards, policies, and procedures beyond reaffirmation. During the Reaffirmation Cycle, the Liaison serves on the SACSCOC Reaffirmation Leadership Team and oversees all staffing aspects of the Reaffirmation process.

Significant Departure – A program that is not clearly related to previously approved programs at the institution or site or for the mode of delivery in question. To determine whether a new program is a “significant departure,” it is helpful to consider the following questions:

- What previously approved programs does the institution offer that are closely related to the new program and how are they related?
- Will significant additional equipment or facilities be needed?
- Will significant additional financial resources be needed?
- Will a significant number of new courses be required?
- Will a significant number of new faculty members be required?
- Will significant additional library/learning resources be required?
**Teach-Out** – The process by which the University provides instructional and academic support services to students enrolled at a site that has been closed and/or in a program that has been discontinued. The teach-out process often extends well beyond the closing of a site or program to allow time for enrolled students to complete their programs in a reasonable amount of time.

**Teach-Out Agreement** - A written agreement between accredited institutions that provides for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete the program.

**D. SCOPE**

This policy applies to all University officers who can initiate, review, approve, and allocate resources to any changes, including those to academic and non-academic programs and activities that may be considered a substantive change according to SACSCOC Substantive Change Policy and Procedures. Within academic areas, such changes can originate with individual or groups of faculty members, department committees, Department Chairs, Deans and Associate Deans, Provost and Vice President for Academic Affairs, Faculty Senate, or any other area reporting to the Provost. In units outside academic areas, substantive change actions may involve the allocation of resources from other divisions. Each individual hereby designated is required to comply with this policy.

**E. POLICY STATEMENT**

To maintain the commitment undertaken by virtue of its membership in SACSCOC, the University is required to demonstrate continuing compliance with the Principles of Accreditation: Foundations for Quality Enhancement by adhering to all standards, requirements, policies and procedures associated with the definition and scope of a substantive change and found in SACSCOC Substantive Change Policy and Procedures.

The SACSCOC Policy is as follows:

*The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) accredits an entire institution and its programs and services, wherever they are located or however they are delivered. It is responsible for reviewing all substantive changes that occur between an institution’s decennial reviews to determine whether the change has affected the quality of the total institution and to assure the public that all aspects of the institution continue to meet defined standards.*

*The SACSCOC is recognized by the U.S. Department of Education as an agency whose accreditation enables its member institutions to seek eligibility to participate in Title IV programs. To maintain its recognition with the U.S. Department of Education, the SACSCOC has incorporated federal requirements into its substantive change policy and procedures. Some of those requirements specify that an institution seek and receive approval prior to the initiation of substantive change so that the change can be included in the institution’s scope of accreditation.*

Substantive changes include, but are not limited to:

- Substantially changing the established mission or objectives of an institution or its programs.
- Changing the legal status, form of control, or ownership of an institution.
- Changing the governance of an institution.
• Merging/consolidating two or more institutions or entities.
• Acquiring another institution or any program or location of another institution.
• Relocating an institution or an off-campus instructional site of an institution (including a branch campus).
• Offering courses or programs at a higher or lower degree level than currently authorized.
• Adding graduate programs at an institution previously offering only undergraduate programs (including degrees, diplomas, certificates, and other for-credit credential).
• Changing the way an institution measures student progress, whether in clock hours or credit hours; semesters, trimesters, or quarters; or time-based or non–time-based methods or measures.
• Adding a program that is a significant departure from the existing programs, or method of delivery, from those offered when the institution was last evaluated.
• Initiating programs by distance education or correspondence courses.
• Adding an additional method of delivery to a currently offered program.
• Entering into a cooperative academic arrangement.
• Entering into a written arrangement under 34 C.F.R. § 668.5 under which an institution or organization not certified to participate in the Title IV Higher Education Act (HEA) programs offers less than 25% (notification) or 25-50% (approval) of one or more of the accredited institution's educational programs. An agreement offering more than 50% of one or more of an institution’s programs is prohibited by federal regulation.
• Substantially increasing or decreasing the number of clock hours or credit hours awarded or competencies demonstrated, or an increase in the level of credential awarded, for successful completion of one or more programs.
• Adding competency-based education programs.
• Adding each competency-based education program by direct assessment.
• Adding programs with completion pathways that recognize and accommodate a student’s prior or existing knowledge or competency.
• Awarding dual or joint academic awards.
• Re-opening a previously closed program or off-campus instructional site.
• Adding a new off-campus instructional site/additional location including a branch campus.
• Adding a permanent location at a site at which an institution is conducting a teach-out program for students of another institution that has ceased operating before all students have completed their program of study.
• Closing an institution, a program, a method of delivery, an off-campus instructional site, or a program at an off-campus instructional site.

To ensure timely notification to SACSCOC, members of the Provost’s staff will keep the Provost apprised of the continuing viability and progress toward implementation of the potential change. The Vice Provost for Academic Affairs/SACSCOC Accreditation Liaison (“SACSCOC Accreditation Liaison”) will oversee the process of preparing appropriate notification, in conjunction with those involved with the change, according to the requirements in SACSCOC Substantive Change Policy and Procedures, and other related policy and accreditation documents maintained by SACSCOC.

All responsible University officers and faculty will be notified of this policy and reminded annually regarding their responsibility for compliance. The SACSCOC Accreditation Liaison will provide information regarding this policy and associated resources available from SACSCOC.

F. PROCEDURES

1. All proposed changes must be submitted in writing to the SACSCOC Accreditation Liaison, during the early planning stage, as outlined above in Section E. These notifications must
include: (a) title of the proposed change; (b) a brief description of the change including its scope; (c) responsible individual to act as contact; (d) tentative timeline for approval; and (e) earliest date possible for implementation. These preliminary notifications will be reviewed by the SACSCOC Accreditation Liaison or designee.

2. If the proposed change is considered substantive by the SACSCOC Accreditation Liaison, he or she will work with the designated individual(s) to develop documentation related to the change. The anticipated earliest date of implementation will be recorded to ensure that adequate time exists for SACSCOC notification, including the development of a Substantive Change Prospectus. Should the planned implementation date not allow for timely SACSCOC notification, the implementation date will be adjusted to allow for timely notification to SACSCOC.

3. The SACSCOC Accreditation Liaison will regularly monitor the progress and outcomes of the proposed changes with the Institutional Effectiveness & Accreditation Analyst, who develops the Substantive Change Prospectus. When the Substantive Change Prospectus is completed, the President will send SACSCOC a written notification of the proposed change.

4. Implementation of the approved substantive change will occur no sooner than six months following submission of the prospectus or application to SACSCOC, where applicable.

G. RECORDS RETENTION

Applicable records are retained and then destroyed or transferred to the Old Dominion University Archives in accordance with the Commonwealth’s Records Retention Schedules. For Accreditation Records: Final Accreditation, use General Schedule 111, Series 101132 – Permanent Retention).

H. RESPONSIBLE OFFICER

Vice Provost for Academic Affairs/SACSCOC Accreditation Liaison

I. RELATED INFORMATION

Old Dominion University Organization Chart
Substantive Change – Frequently Asked Questions
What is a Substantive Change?
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Brian Payne                     May 2, 2022
Responsible Officer             Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks                 March 8, 2022
Chair, Policy Review Committee (PRC)     Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Augustine O. Agho              May 3, 2022
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson                May 9, 2022
University Counsel               Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.       May 10, 2022
President                         Date

Policy Revision Dates: September 1, 2009, April 26, 2011; May 14, 2017; May 10, 2022

Scheduled Review Date: May 10, 2027
A. PURPOSE

The purpose of this policy is to establish authority and requirements pertaining to official University communications with members of the media.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Board of Visitors Policy 1210 – Authority to Act on Behalf of the University

C. DEFINITIONS

Issues of General University-wide Impact or Significance - Examples of issues of general University-wide impact or significance include, but are not limited to: a campus crisis or emergency, student issues, financial matters, or campus infrastructure.

Media - The various means of mass communication as a whole, including, but not limited to: television, radio, magazines, newspapers and web/electronic outlets, together with the people involved in their production.

Media Liaison - Staff member in the Office of Strategic Communication and Marketing authorized by the Assistant Vice President for Strategic Communication and Marketing (“AVP”) to serve as a link between the media and the entire ODU community in an effort to inform and educate the public by facilitating communication about the University.

Official University Position - A written or oral statement that represents the opinion, stance or intentions of the University as an entity, as directed by the Board of Visitors and President.

Spokesperson - Staff member authorized by the President to speak to the media or make public comments that represent an official University position on behalf of Old Dominion University.
D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

The Assistant Vice President for Strategic Communication and Marketing (“AVP”) serves as the official University spokesperson and conveys the official University position on issues of general University-wide impact or significance. Inquiries from the media about such issues should be referred to the AVP.

University employees should refrain from publicly commenting on behalf of the University to the media on issues of general University-wide impact or significance. Employees may comment on issues of public interest as private citizens without identifying affiliation with the University or, if so identified by the media, should indicate that they are not speaking for the institution.

In accordance with Board of Visitors Policy 1403, Academic Freedom, faculty are “citizens, members of a learned profession, and officers of an educational institution. When they speak or write as citizens, they should be free from institutional censorship or discipline, but their special position in the community imposes special obligations. As scholars and educational officers, they should remember that the public may judge their profession and their institution by their utterances. Hence they should at all times be accurate, should exercise appropriate restraint, should show respect for the opinion of others, and should make every effort to indicate that they are not speaking for the institution.”

This policy does not prohibit the chair of the Faculty Senate from commenting on academic matters and the professional affairs of the faculty.

Depending on specific circumstances, the President or the AVP may designate another University administrator to serve as spokesperson on a particular issue or may give approval for letters to the editor in special circumstances.

University faculty are encouraged to communicate with the media regarding their research, scholarship, teaching or professional expertise and to identify their affiliation with the University in such communications. In these cases, the Office of Strategic Communication and Marketing should be notified as soon as possible so that a media liaison is informed of the contact. Such notification can be particularly important if follow-up inquiries are made with other University personnel to ensure a coordinated, consistent University response. Media inquiries should be referred to the AVP if they involve issues with University-wide impact or significance.

F. PROCEDURES

The Office of Strategic Communication and Marketing is staffed by media liaisons who cover all academic and administrative units of the University. They promote the University through news stories and press releases that reflect the University’s mission of rigorous academics, strategic partnerships, and civic engagement and showcase the strengths of academics, research, global reach, diverse inclusion and community, and student success. All releases intended for off-campus
or external audiences should be routed through the Office of Strategic Communication and Marketing.

Since positive media solicitation is an integral element of the University’s communications program, any ideas for articles or pieces that would positively portray the University, its work or its community should also be directed to the Office of Strategic Communication and Marketing. In a similar manner, the Office of Strategic Communication and Marketing should be notified about negative occurrences that are likely to rise to the level of a news story.

Guidelines for communicating with the media when the issue is not of University-wide impact or significance and is limited to the employee’s area of expertise are as follows:

1. Obtain the name of the person calling, the media organization and, if available, the anticipated time of release of information in print or broadcast. This information should be included when the notification is made to the appropriate media liaison.
2. The best approach with the media is to be prompt, helpful and honest. All contacts from the media should be returned within a half-day, if possible, in deference to reporters’ deadlines. If that is not possible, an alternate employee (if appropriate) or the media liaison should be asked to handle the call.
3. Responders should be certain that they understand each question from the media before responding. If unable or uncomfortable providing a response, the responder should obtain the reporter’s contact information and advise him/her that someone who can provide the information will contact him/her as soon as possible. The question should then be referred to the Office of Strategic Communication and Marketing.
4. Responses to the media should be devoid of speculation or gossip and should be stated clearly and concisely in order to minimize any misunderstanding. Generally, the responder should not answer a reporter’s question with “no comment.”
5. Responders should provide a phone number and/or email address for follow-up questions.
6. Any media inquiries that involve information about specific employees or students should be directed to the Office of Strategic Communication and Marketing.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Strategic Communication and Marketing

I. RELATED INFORMATION

Commonwealth’s Department of Human Resource Management Policy 1.75 - Use of Electronic Communications and Social Media
Board of Visitors Policy 1003 – The University’s Name and Identification
Board of Visitors Policy 1011 – Freedom of Expression
Board of Visitors Policy 1301 – University Governance
Board of Visitors Policy 1403 – Academic Freedom
University Policy 4100 - Student Record Policy
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/Giovanna M. Genard            February 11, 2019
Responsible Officer                     Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks                      September 25, 2018
Chair, Policy Review Committee (PRC)                     Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Ellen J. Neufeldt                   February 15, 2019
Responsible Oversight Executive                     Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance                      February 21, 2019
University Counsel                      Date

Presidential Approval:

/s/ John R. Broderick                  February 22, 2019
President                               Date

Policy Revision Dates: December 1, 1988; September 20, 2012; February 22, 2019

Scheduled Review Date: February 22, 2024
A. PURPOSE

The purpose of this policy is to establish brand standards, which include requirements and guidelines for use of the Old Dominion University brand for communications and marketing.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Brand – The distinctive identity that differentiates Old Dominion University’s unique competitive advantages and core values from others in the marketplace. The sum of every exposure, interaction, opinion and story shape internal and external audiences’ perception of Old Dominion University.

Brand Book – A brand standards guide for communications and marketing in all mediums (including, but not limited to, print, digital/web and merchandise.)

Brand Standards – A set of requirements and guidelines for the logos, tone, typography, colors, visual elements, photography and videography considerations developed by the University to establish consistency and coordination when representing the University’s brand. These standards project a strong institutional image that the public can easily recognize as Old Dominion University, its constituent parts and its activities.

Communication Toolkit - The resource for the ODU Brand Book, identity standards, color palette, fonts and templates.

Editorial Guidelines – The guidelines for written communications, to maintain a consistent standard and common vocabulary that support the University’s professional image.
Identity Standards – Logo and signature usage standards as specified on the University Logo & Signature Usage Standards website.

Logo – A graphic mark or emblem commonly used to aid and promote instant public recognition. Logos are either purely graphic (symbols/icons) or are composed of the name of the organization (a logotype or word mark).

D. SCOPE

This policy applies to all employees, students, employees of affiliated organizations who are paid through the University, and vendors producing communications and marketing materials that represent Old Dominion University or display the University logo and/or word mark. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through and operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

All members of the University community and its affiliates are required to follow the University’s brand standards and display the University logo for printed or audiovisual materials that are produced for official University business purposes. Furthermore, use of the University logo for presentations and other publications is encouraged.

The University’s brand identity program specifies design style, images, color palette, typography, editorial guidelines, and graphic guidelines (the brand presentation) to create a distinct look and tone in publications, presentations, advertising, signage, web pages and other materials that represent the University.

The University logo communicates the identity of Old Dominion University to the public. The success of the University’s brand identity program depends on public awareness of the brand logo and the amount of brand exposure.

F. PROCEDURES

A Communication Toolkit in support of the University’s brand standards is available on the Office of Strategic Communication & Marketing website and must be used when developing communications and marketing materials. Approval must be obtained from the Office of Strategic Communication & Marketing for all communications and marketing materials for external audiences. These materials include, but are not limited to, advertising, signage, social media, presentations, printed publications (ex: brochures, magazines, annual reports, event programs, postcards), promotional products or merchandise, recruitment materials for students, alumni and faculty/staff videos, and web pages.
Staff in the Office of Strategic Communication & Marketing are available to assist with the following services upon request:

- Design and review of print projects
- Marketing strategy
- Design, review and implementation of advertisements
- Design and review of website and/or social media projects
- Photography
- Videography
- Public relations strategy
- Press events
- Media Training

Use of the University’s trademark on internal promotional merchandise and resalable merchandise must be in compliance with University Policy 2300, Trademark Licensing Program. Further information may be found on the University’s Licensing Program website.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Executive Director of Strategic Communication & Marketing

I. RELATED INFORMATION

Board of Visitors Policy 1003 – The University’s Name and Identification
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

Responsible Officer ____________________________ Date ____________________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ____________________________ September 24, 2019 ____________________________
Chair, Policy Review Committee (PRC) ____________________________ Date ____________________________

Executive Policy Review Committee (EPRC) Approval to Proceed:

Responsible Oversight Executive ____________________________ Date ____________________________

University Counsel Approval to Proceed:

______________________________ ____________________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick ____________________________ October 1, 2020 ____________________________
President ____________________________ Date ____________________________

Policy Revision Dates: December 1, 1988; August 26, 2008; July 11, 2011; October 1, 2020

Scheduled Review Date: October 1, 2025
Statement: Old Dominion University considers freedom of inquiry and discussion requisite to a student's educational development. This freedom includes the opportunity to explore controversial subject matter and opposing views. It is coupled with the responsibility to conduct such discussions with competence, tolerance and objectivity.

The campus should be a forum for the free and responsible presentation and discussion of ideas by members of the university community and its invited speakers. The aim should be to provoke thought and to cultivate knowledge within the university community.

The students, faculty, and administration of Old Dominion University should endeavor to bring to the campus competent speakers who are capable of dealing with their topics, and to maintain such balance of both speakers and subject matter as will promote the objectives of Old Dominion University.

The Office of University Events, on behalf of the University President, is charged with inviting speakers to make presentations on campus. As such, the Office of University Events is responsible for all planning and execution of the event and arrangements for and communication with the chosen speaker.

Any questions with regard to this policy should be addressed to the Vice President for Institutional Advancement.

Responsibility: Vice President for Institutional Advancement
Authorization: John R. Broderick, Acting President
Date: October 25, 1989; Revised September 8, 2008
OLD DOMINION UNIVERSITY
University Policies and Procedures

2200 - PROGRAM SPONSORS

Statement: The use of the university name or university facilities can directly affect the educational mission and operation of the University. But the University's educational mission can in some instances be served by using outside sponsors when the university budget does not provide sufficient funds for a desirable program.

(1) Sponsors may be used to provide programs on campus, but any activity which includes the use of a non-university sponsor shall be subject to the approval of the Vice President for Institutional Advancement, the Dean of Students and Chief Student Affairs Officer, or the Vice President for Administration and Finance, as appropriate, in advance of the scheduling of any event.

(2) When a sponsor is used for a university event, the Vice President for Institutional Advancement, Dean of Students and Chief Student Affairs Officer, or the Vice President for Administration and Finance, as appropriate, shall ensure, insofar as is possible and practicable, that the integrity of the University's educational mission will not be damaged nor normal institutional operations be disrupted through misuse of the University's name or facilities.

Responsibility: Vice President for Institutional Advancement, Dean of Students and Chief Student Affairs Officers, Vice President for Administration and Finance

Authorization: John R. Broderick, Acting President

Date: December 1, 1988; Revised September 8, 2008
OLD DOMINION UNIVERSITY
University Policies and Procedures

2202 - DISPLAY OF ART ON CAMPUS

**Statement**: Old Dominion University strongly supports the exercise of free speech on campus and is committed to the position that displaying works of art represents both freedom of expression and a true form of education. It is of equal concern to the University, however, that certain works of art - which could be judged as offensive by some - not be placed in locations where individuals of varying ages, representing a diversity of creeds, cultures and perspectives, either pass or congregate. In those instances, it is more appropriate to place the art in a location where access is by deliberate choice.

**Responsibility**: Vice President for Institutional Advancement, College Deans

**Authorization**: James V. Koch, President

**Date**: September 20, 1999
A. PURPOSE

The purpose of this policy is to provide information and guidelines to the Old Dominion University community regarding the use of Old Dominion’s trademarks in reference to both internal promotional merchandise and resalable merchandise in the retail market in order to protect the integrity of the institution’s trademarks and to ensure such trademarks are used in an appropriate manner.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

United States Patent and Trademark Laws

Board of Visitors Policy 1003 – The University’s Name and Identification

C. DEFINITIONS

Internal Promotional Merchandise – Any merchandise that is purchased by University departments, organizations and offices for promotional purposes.

License - A legal permission to do something otherwise unauthorized.

Licensee - A person or business to whom a license is given.

Manufacturers - Any person, group or business that has the means to physically produce an ODU trademark(s) on merchandise. Examples include, but are not limited to, a t-shirt screen printer and embroidery service.

Merchandise - Any product, including but not limited to, apparel, headwear, footwear, housewares and office supplies that bear the trademarks of Old Dominion University, whether or not for resale.
Sponsorship Agreement – An agreement that governs the legal relationship between a sponsor and Old Dominion University which outlines the scope of the licensing agreement as to use of the University’s trademarks and the benefits and obligations required.

Trademark - A word, logo, or a combination used by an organization, business, group, etc. to identify its goods and/or services and distinguish them from others.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University and vendors of the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University and include Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University protects the symbols that are associated with its name and its reputation. Old Dominion owns and controls its name(s) and other marks, logos, insignias, University Seal, designs and symbols that have become associated with the institution. Old Dominion University’s Trademark Licensing Program is administered by Old Dominion’s Licensing Office and overseen by the Director of Licensing.

All products bearing Old Dominion University’s trademarks must be purchased only from Old Dominion University licensees. To ensure consistency in the use of Old Dominion University’s trademarks and to ensure compliance with a wide range of requirements associated with the manufacture and use of Old Dominion University’s trademarks, products bearing Old Dominion University’s trademarks may be purchased only from companies that are officially licensed by Old Dominion University to manufacture or distribute products bearing its trademarks.

To comply with and ensure protection under Federal, State, and international trademark laws, Old Dominion University is required to monitor and control all uses of its trademarks. Unauthorized use of Old Dominion trademarks are subject to civil and criminal penalties. Old Dominion University reserves the right to take appropriate action when confronted with unauthorized use of its trademarks. Such actions may include confiscation of the goods, financial penalties, and legal action. Old Dominion University has registered its names, word marks and logos with the United States Patent & Trademark Office (USPTO).

Vendors conducting business for internal and commercial use of the University’s name or marks are required to have either a formal contract with the University or a license through the Collegiate Licensing Company (CLC). Orders for University departmental use must also work through the University’s Department of Procurement Services. Once approved, the business or individual requesting permission becomes a “Licensee” and the products (or services) become “Licensed Products” (or “Licensed Services”). There are three different license categories:

- Internal Campus Supplier (ICS) License (also referred to as a Restricted License) - allows a company to produce merchandise bearing trademarks for Old Dominion University departments and registered student organizations for internal consumption only.
• Local License – is intended for companies that desire to obtain a license with an institution located in their immediate in-state marketplace. This license type may better suit companies that do not believe they can qualify for a Standard License but believe they can demonstrate sales success for in-state institutions.

• Standard License - is intended for companies that are capable of extensive production and retail distribution of their merchandise and/or are introducing a unique and commercially viable product to the collegiate market. The Standard License carries ODU’s standard royalty fee.

The Athletic Department may designate an outside party as an official or exclusive provider to Monarch Athletics; however, any such designation must be limited to referencing the Athletic Department or athletic programs and may not extend to the University.

Promotional items that bear the University’s name or trademarks that are given away to supporters of the institution are required to be purchased from a licensed vendor and may require royalties to be paid by the manufacturers.

The University Seal is reserved for special signage, official documents from the Office of the President, official University events, and specific retail items. Use of the University Seal on all merchandise must be approved by the President upon recommendation by the Director of Licensing.

All merchandise bearing Old Dominion University’s trademarks sold through University organizations must be purchased from licensed manufacturers and such items are not exempt from royalties should the products be resold.

F. PROCEDURES

Requests for use of the University’s logo must be made in writing to the Director of Licensing at licensing@odu.edu. The request must include the following information:

- department/organization
- requestor’s name, e-mail address and telephone number
- description and quantity of the products(s) to be ordered
- the date the product is needed
- the name of the proposed vendor
- artwork, including all names/logos to appear on the product
- description and dates of the purpose/event for which the product is being ordered
- whether the product is being sold or given away

The review and approval process may take up to two weeks. The decision will be communicated to the requester via email.

The current library of approved trademarked ODU logos is available on the Licensing Office’s website. The University’s Identity Standards website includes the institutional brand standards for the University and athletic logos and promotional and retail instructions.

Covered Uses of University Trademarks

1. All University products and services bearing registered trademarks and insignias are covered by the Trademark Licensing Program. Items bearing the name “Old Dominion,” “ODU,”
“Monarchs,” or other trademarks are covered by the Trademark Licensing Program if it can be determined the primary reason or effect of the use of the name is to cause purchasers to associate the product or service with Old Dominion University.

2. Photographs and artworks bearing the University’s trademarks or other reference to the University are covered by the Trademark Licensing Program. This includes reproductions and mass-produced artworks with reference to the University.

3. Old Dominion University’s trademarks may not be used in conjunction with the name or trademark(s) of any other entity or individual without the prior written permission of that entity and the Director of Licensing. Approval of any such dual use of the University’s trademarks will be limited to instances of compelling institutional interest for allowing such a use. Similarly, Old Dominion University’s trademarks may not be used in any manner that suggests or implies the University’s endorsement of other organizations, companies, products, services, political parties or views, or religious organizations and beliefs without prior written permission from the University's President.

4. Old Dominion University’s trademarks may not be used in any way that discriminates or implies discrimination against any persons or groups based on race, sex, color, national origin, religion, age, veteran status, sexual orientation, gender identity, pregnancy, genetic information, political affiliation, marital status, disability, or any other status protected by law, or in any other way that would be a violation of Old Dominion University Policy 1005 - Discrimination Policy or practices.

5. No entity other than Old Dominion University may claim copyright or trademark rights or seek to register any design that incorporates the University’s trademarks.

6. All uses of Old Dominion University trademarks on products should incorporate the appropriate trademark designation symbols (i.e., ® or ™). No changes, deletions, or alterations to the trademarks are allowed.

7. The University’s Director of Licensing may not approve the use of Old Dominion University’s trademarks for products or designs that present an unacceptable risk of liability or could be harmful to the mission or image of the institution. These include, but are not limited to, the following:
   a. Firearms, other weapons, or any products that could be used to injure or kill
   b. Alcohol-related products
   c. Tobacco-related products
   d. Illegal drug-related products
   e. Sexually suggestive products or language
   f. Gambling-related products
   g. Statements impugning other universities

8. Old Dominion University departments and units are permitted to use the University's trademarks for official University business purposes on internal consumption items after approval from the Director of Licensing. All such uses must be in accordance with this and any other applicable University policies or guidelines, including, but not limited to, those regarding brand identity.
Student Organizations

1. Use of Old Dominion University’s name or trademarks with a student organization’s name implies association with the University. Therefore, only those student organizations that are officially registered with the Office of Leadership and Student Involvement are allowed to use the University’s trademarks.

2. Student organizations may not use the University’s trademarks in the domain name of any non-university hosted website or web page other than to identify that the organization is located at Old Dominion University (for example: www.chessclubatodu) without obtaining the written permission from the Director of Licensing.

3. Officially registered student organizations may order merchandise through a licensed vendor displaying both the organization’s name/logo and University trademarks for promotions or fundraising activities. The preferred use of Old Dominion University verbiage in conjunction with the student organizations is “at Old Dominion University.” All merchandise must be purchased from licensed vendors and receive approval from the Director of Licensing prior to placing an order.

4. Registered student organizations may include a sponsor name/logo in addition to University trademarks on products that are directly utilized in club activities under the following guidelines:
   a. The student organization’s name/logo must be the primary logo and displayed in a manner that will communicate that the relationship exists between the organization and the sponsor and not with the University.
   b. The student organization may not use the trademarks in a manner that in any way would constitute an endorsement or approval of the sponsor or its products, activities, or services by the University.

Sport Clubs

1. Sports club teams that do not compete in NCAA-recognized sports are permitted to use the University’s name or trademarks on their competition uniforms and must use the club’s name with the advance approval of the Assistant Director of Club Sports and the Director of Licensing (examples: Bass Fishing Club, Fencing Club).

2. Sports club teams that compete in sports recognized by the NCAA (including those sports for which the University does not field a team) are required to include the club’s name on the uniforms, equipment, and any related apparel or product (examples: Swimming Club, Club Lacrosse).

3. All trademarked merchandise used for promotional or fundraising events must be purchased from a licensed vendor.

Contracts for External Groups, Businesses or Organizations

ODU trademarks may only be used by a private group or business through a contract with the University. All third-party contracts need to be approved by University Counsel in conjunction with the ODU Director of Licensing. Such contracts or agreements will offer the non-exclusive use of the University’s name and/or the University’s trademarks in compliance with University brand
standards in the promotion of endorsed business and activities. The University is the owner of its
names and trademarks and authorized external groups may not delegate the authority to use
these to any individual or entity without prior written approval of University Counsel in
consultation with the Director of Licensing and the Office of Strategic Communication and
Marketing.

A promotion or sponsorship agreement with the University must not and does not convey
endorsement from the University of the company's products or services. These agreements with
external groups, businesses or organizations must not include language that implies preferred
status or official relationships with the University.

Student Athletes

Use of the names, numbers, and/or images of Old Dominion University student athletes is not
permitted on non-ODU affiliated websites. The use of a photograph or likeness of an ODU student
athlete is prohibited by the NCAA on any commercial items or non-ODU websites, social media,
etc. Questions should be directed to the Director of Licensing, who will consult with Old Dominion
University Athletics.

G. RECORDS RETENTION

Contracts should be retained for the life of the contract plus five additional years, then destroyed
in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General
Schedule 102, Series 200110).

H. RESPONSIBLE OFFICER

Director of Licensing

I. RELATED INFORMATION

Board of Visitors Policy 1424 – Policy on Intellectual Property
University Policy 1002 – Code of Ethics
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ James A. Clanton  July 7, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  March 22, 2016
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Alonzo Brandon  July 14, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  July 18, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  July 18, 2016
President  Date

Policy Revision Dates:  December 1, 1988; November 5, 2008; July 18, 2016

Scheduled Review Date:  July 18, 2021
A. PURPOSE

The purpose of this policy is to describe the proper use and display of the United States, Commonwealth of Virginia, and Old Dominion University flags.

B. AUTHORITY

The Flag Code of the United States

Public Law 110-41

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 18.2-487, as amended

C. DEFINITIONS

N/A

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution in regard to the use of the United States, Commonwealth of Virginia and Old Dominion University flags. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.
E. POLICY STATEMENT

Old Dominion University requires that the flags of the United States, Commonwealth of Virginia, Old Dominion University and all other flags are flown in a manner that adheres to Federal, Commonwealth and University laws and regulations and are displayed at all times in a manner that conveys respect.

F. PROCEDURES

The procedure for the appropriate display of the United States, Commonwealth of Virginia and Old Dominion University flags shall be at the direction of the Assistant Vice President for Public Safety/Chief of Police and shall comply with the general requirements and spirit of “The Flag Code of the United States (PL 77-829),” the Code of Virginia and the University.

The Assistant Vice President for Public Safety/Chief of Police shall notify the Assistant Vice President for Strategic Communication and Marketing, the Director of Facilities Management, the Naval ROTC Departments and the University’s satellite campuses whenever an order to lower flags is received. The Assistant Vice President for Strategic Communication and Marketing shall be responsible for informing the University community by posting an announcement on the University’s website.

1. United States Flag

   The flag of the United States shall be lowered as established by Presidential or Gubernatorial order, which is routinely communicated from the Office of the Governor to the Old Dominion University President’s Office.

2. Commonwealth of Virginia Flag

   The flag of the Commonwealth of Virginia shall be lowered in accordance with orders from the Governor or the State Legislature. Notification of such direction is routinely transmitted to the Old Dominion University President’s Office or the Assistant Vice President for Public Safety/Chief of Police from the Office of the Governor.

3. University Flag

   The flag of Old Dominion University shall be lowered to half-staff upon the passing of a member of the University community, including past or present Presidents, past or present members of the Board of Visitors, current employees, and other individuals whom the President may designate.

   Generally, the University flag will be flown at half-staff from the time of notification until one day following memorial services. The Office of the President shall notify the Assistant Vice President for Public Safety/Chief of Police when the President has authorized the lowering of the University flag.

4. United Nations and Other Designated Flags

   These symbolic flags will be flown below the Commonwealth of Virginia flag or Old Dominion University flag, as appropriate, when used to symbolize distinct momentous occasions.
G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Public Safety/Chief of Police

I. RELATED INFORMATION

Commonwealth of Virginia, Office of the Governor, Flag Information
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rhonda L. Harris __________________________  March 28, 2012 ________________
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks __________________________  February 28, 2012 ________________
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ David F. Harnage __________________________  May 1, 2012 ________________
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright __________________________  May 3, 2012 ________________
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick __________________________  May 4, 2012 ________________
President  Date

Policy Revision Dates:  December 1, 1988; July 1, 2001; June 24, 2010; May 4, 2012

Scheduled Review Date:  May 4, 2017
A. PURPOSE

The purpose of this policy is to outline the process for the acquisition, care, storage, display, inventory and disposal of visual arts assets owned or controlled by the University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 23.1-2003, as amended – Powers and Duties

Old Dominion University Board of Visitors Policy 1801 – Development Policy

Old Dominion University Board of Visitors Policy 1802 – Acceptance of Gifts-in-Kind to the University

C. DEFINITIONS

Accession - The formal act by which the University accepts an object into the category of materials that it holds in the public trust.

Acquisition - The act of gaining possession of objects or properties.

Collection - A group of objects that directly relate to the purpose of the University and the Baron and Ellin Gordon Art Galleries (the “Gallery”). Objects accessioned into a collection are cataloged, documented, preserved, and managed according to prescribed procedures meeting the American Alliance of Museums Standards and Best Practices.

Collection Committee – Appointed by the Dean of the College of Arts and Letters as needed, this committee approves all recommendations of works to be accessioned and deaccessioned from the Collections. This committee should be comprised of at least one full time faculty member from the Art Department.
Cultural Property - A tangible asset that, on religious or secular grounds, is specifically designated by a culture as being of importance for archaeology, prehistory, history, literature, art or science, considered significant and valuable in itself and held in public trust.

Curator - Working under the supervision of the Gallery Director, the Curator is charged with maintaining, researching, and interpreting the collections, developing and mounting interpretative and educational exhibitions related to the mission of the Galleries, and serving the academic departments of the University.

Deaccession - The formal act of removing an art/craft object from the University's collections in preparation for disposal or transfer of that object either by sale or donation.

Gallery Director - Appointed by the Dean of the College of Arts and Letters, the Gallery Director is responsible for the general direction, oversight and operation of the Baron and Ellin Gordon Art Galleries (the “Gallery”).

Instrumental Property - A tangible asset related to the mission of the organization because it enables an organization to carry out its charitable purpose.

Visual Arts - Include the University’s permanent, study and ancillary collections as described in Section E.

D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University who are responsible for the proper use and control of University-owned visual arts assets. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University is committed to the proper care and management of its visual arts in accordance with the American Alliance of Museums Standards and Best Practices. This policy provides guidelines for the University’s collections-related activities in order to meet these professional standards.

The types of collections maintained by the University include the following:

- Permanent Collection: The permanent collection is held for public exhibition, or research in furtherance of public service, rather than for financial gain.

For the purpose of the University’s Baron and Ellin Gordon Galleries (the “Gallery”), permanent collections will be narrowly chosen so as to allow for the creation of a comprehensive and definitive collection in a selected area of study. As the Gallery continues to grow, these collections may become broader as the capacity for research and collecting increases. The range of the collection of the Gallery shall include works of 20th- and 21st-Century American self-taught and folk art; works of modern and contemporary art; artworks by Old Dominion University faculty, staff or students; works by regional artists, including artists from or working in Virginia and North Carolina; other works as deemed appropriate;
and archives and interpretive material related to these works. The collection shall include documentation of individuals and cultural groups as well as objects that illustrate the history of arts and crafts in Virginia and North Carolina as well as American self-taught and folk art.

- **Study Collection:** The Study Collection contains objects and artifacts useful to the development of hands-on educational programs presented by the Gallery and the University in interpreting the permanent collections and the process of making the works in the collections. Objects in the study collection are readily available or duplicate objects and are not accessioned into the permanent collection. They may include printing plates, restrikes, photographic copies and reproductions, and other materials specific to creating works in the collection.

- **Ancillary Collection:** The Ancillary Collection comprises objects not related directly to the purpose of the Gallery but which contribute to and enhance the visual, educational and investment interests of the University. Objects accessioned to ancillary collection are not part of the permanent collection but are maintained and afforded the same treatment and protections as objects in the permanent collections.

The University manages its Visual Arts Collection through Acquisition, Accession and Deaccession.

1. **Acquisition** - The University may acquire objects by donation, bequest, purchase, or transfer. Authority for the acquisition of objects for the University’s collections is held by the Gallery Director and a Collections Committee appointed as the need arises.

2. **Accession** - Objects acquired by the University and meeting the following criteria may be accessioned to one of its several collections.

   a. Objects acquired for the permanent collection must be relevant to, and consistent with, the Gallery’s purposes and activities, which are research, preservation, exhibition, and/or interpretation of objects as described in the definition of the permanent collection above.

   b. The University and Gallery must be able to provide proper care and storage for objects in all collections in keeping with professionally accepted standards.

   c. It is intended that objects in the permanent collection shall remain in the collection as long as they retain their physical integrity, their authenticity, and their relevance and usefulness for the purposes and activities of the University and Gallery.

   d. The University and its staff shall be in full compliance with State, Federal, and international laws and regulations governing the acquisition, sale, and transfer of cultural and instrumental properties.

   e. Title to all objects acquired for the Permanent, Study, and Ancillary collections should be obtained free and clear without restrictions to use or future disposition.

   f. The present owner shall have a clear and verifiable title of ownership to the object and shall have obtained the object legally and ethically, as described by the American Alliance of Museums Code of Ethics, prior to acquisition by the University.

   g. The University should be provided with (or allowed to copy) all existing documents and information in the present owner's possession that pertain to the historical significance and provenance of the object.

   h. Acceptance of the object will not result in major expense in conservation disproportionate to its usefulness.
3. Deaccession - The University and Gallery have the right to deaccession in order to dispose of or transfer objects from its collections after due consideration in a manner consistent with professionally accepted standards and in the best interest of the University and the Gallery. An object recommended for deaccession must meet at least one of the following criteria:

   a. The object has ceased to have relevance and consistency with the University’s or Gallery’s purposes and activities.
   b. The object has deteriorated beyond usefulness and/or the University’s or Gallery’s ability to conserve it.
   c. The object is made of hazardous materials or is actively decomposing in a manner that directly affects the condition of other objects and/or the health and safety of the University community.
   d. The University or Gallery is unable to continue to provide care and storage for the object in keeping with professionally accepted standards.
   e. The object’s care and storage are more expensive than the value of the object as it relates to the University’s or Gallery’s purposes and activities.
   f. The object has failed to retain its identity or authenticity.
   g. The object is replaced with a similar object of greater significance, quality, and better condition.
   h. The object is subject to legal and AAM ethical standards including but not limited to issues arising from illegal import or export from country of origin, stolen property, or property consisting of a controlled substance.

In accordance with AAM ethical standards, deaccessioned objects will not be sold or given, publicly or privately, to any University employee, member of the Board of Visitors, or their families or representatives of University employees or Board of Visitors members. Complete records will be maintained on all deaccessioned objects and their subsequent disposition. A deaccessioned object may be disposed of by one of the following methods:

   a. Transfer to another more appropriate department of the University.
   b. Placement in the study collection or ancillary collection of the University if appropriate.
   c. Donation to an appropriate non-profit gallery, museum or scholarly or cultural institution or organization, preferably within the Commonwealth of Virginia, especially if the object is from the Commonwealth.
   d. Repatriation to the entity or government that has established a legal claim to ownership of the object in accordance with international laws and repatriation acts.
   e. Sale at an advertised public auction or in the public marketplace in a manner that complies with State law and that will best protect the interests, objectives, and legal status of the Gallery. Every means possible should be taken to ensure the object remains within a public institution.
   f. Destruction of the object only if the object has deteriorated beyond usefulness or presents a health hazard and no other method of disposal is appropriate.

Use of Proceeds Derived from Deaccession/Disposal

   a. Any funds derived from the sale of deaccessioned objects from the permanent or study collection will be used solely for collection acquisitions.
   b. Any funds derived from the sale of works from the auxiliary collection, if the object is a gift-in-kind, shall be used for the support of the program for which it was given.
   c. Funds derived from other objects not in the permanent collection will be distributed at the discretion of the President of the University according to the donor’s wishes.
Incoming Loans of Artifacts – The University and/or Gallery may borrow objects from institutions and individuals for specific purposes such as exhibition and/or research if the following criteria are met:

1. Loans of objects from individuals are limited to a time period of five years or less. Loans of objects from institutions are usually limited to a time period of five years or less, but may, under special circumstances, be arranged for a specified time period of over five years at the recommendation of the Gallery Director and with the approval of the Dean of the College of Arts and Letters or the President or designee. Authority for incoming loans is shared by the Gallery Director and the Curator.

2. The University or Gallery will not, under any circumstances, accept so-called indefinite or permanent loans.

3. Objects on loan are to be provided with the same professional level of care afforded objects owned by the University and Gallery. The University and Gallery will not knowingly accept an object on loan if the physical condition is such that the object will not be able to withstand travel to and from the University and/or exhibition. Lenders to the University and Gallery shall have obtained the object legally and ethically and have a clear and verifiable title of ownership to the object. Complete records on all incoming loans are maintained in the Gallery offices by the Curator.

Outgoing Loans of Artifacts - The University and Gallery may lend objects to qualified museums and other institutions for specific purposes such as exhibition and/or research for a specified time period if such institutions meet professional standards of collections care and management and the following criteria are met.

1. The Gallery will not under any circumstances lend objects to individuals.

2. Outgoing loans to qualified museums will be permitted for a period of five years or less with an option for renewal if agreeable to both parties.

3. No object will be lent if its physical condition is such that the object will not be able to withstand travel and/or exhibition.

4. The Gallery will not lend objects that are needed for its own exhibition and/or research purposes.

5. Authority for outgoing loans lies with Gallery Director or director’s designee, subject to the approval of the Dean of the College of Arts and Letters or the President or designee.

Access to and Use of Collections and Collections Records - The University and Gallery will strive to make its collections and collections records available for study and examination by individuals for scholarly research and other legitimate purposes.

The University and Gallery will allow access to and use of its collections and collections records in a controlled, professional manner that protects the physical and intellectual integrity of the collections and collections records. Access to the collections and collections records will not be unreasonably denied. However, acknowledging its responsibility to safeguard the collections and collections records, the University and Gallery reserve the right to control access to prevent the following:
• Deterioration, mutilation, loss, or dislocation of objects and/or collections records.
• Undue interference with the administrative, professional, and technical operations of the Gallery
• Undue impact on the furnishing of services to other Gallery users.

Authority for permitting and monitoring access to and use of the collections and collections records is shared by the Gallery Director and director’s designee. Should questions arise regarding proper, legitimate access to and use of the collections and collections records, University Counsel will be consulted.

Reproductions of Objects in Collections: The University and Gallery reserve all rights for the reproduction of objects in the collections. No commercial reproduction (replica manufacture of any sort) is permitted without a written agreement approved by the Gallery Director and Dean of the College of Arts and Letters. In general, non-educational or commercial reproductions of objects will not be approved. The University reserves the right to license vendors, collect royalties, initiate charges, or otherwise control the use of its collections as may be deemed appropriate and lawful.

Limitations on Public Photography of Collections - No publication or commercial use of photographs taken in the University’s/Gallery’s exhibition areas is permitted without the written approval of the Gallery Director or the director’s designee.

F. PROCEDURES

1. Accessions

   a. All offers of objects to the University or the Gallery whether by donation, bequest, purchase, or transfer should be referred to the Gallery Director or the director’s designee.
   b. The object will be placed on temporary deposit until the next meeting of the Collections Committee and the potential donor will be given a Loan Agreement receipt for the object. The agreement receipt should be signed by the object’s owner and the Gallery staff person receiving the object (the Gallery Director, Curator or their designee). This receipt outlines the terms of temporary custody, the length of which should not exceed 90 days.
   c. The director will call a meeting of the Collections Committee at which the potential donation is reviewed and considered for accessioning. The Collections Committee consists of the, Gallery Director, curator and a selection of faculty members appointed by the Gallery’s Director.
   d. After study and review of the object, the Collections Committee will determine whether or not to acquire the object and, if acquired, designate the appropriate collection for the acquisition.
   e. If the decision is made not to acquire the object, the curator will be responsible for returning the object to the owner, according to the terms of agreement outlined in the temporary custody receipt, and documenting the return. (See “Incoming Loans,” Part III, "Incoming Loan Agreement.")
   f. If the decision is made to acquire the object, the Gallery Director or Curator, in concert with the Vice President for University Advancement or designee, will initiate and complete the acquisition of the object in the following manner:
      i. If the object is to be donated, a deed of gift should be signed by the donor and the Gallery Director. The deed of gift formally transfers the complete ownership of the
object to the University and shall be legally binding when signed and dated by both parties. A copy of the deed of gift shall be provided to the donor, and deed of gifts shall be kept on file in the Office of University Advancement with copies to the Gallery Director and Curator.

ii. If the object is to be bequeathed, a copy of the pertinent section of the Will should be provided by the attorney or executor and shall be kept on file in the Office of University Advancement with copies to the Gallery Director and Curator.

iii. If the object is to be purchased, the bill of sale or receipt will be kept in the Office of University Advancement with copies to the Gallery Director and Curator.

2. Deaccessions

a. A written deaccession request listing the reason(s) for deaccession and recommended means of disposal must be signed by the Gallery Director, Curator, and the Dean of the College of Arts and Letters before submission to the President’s Office and University Counsel.

b. The deaccession request must be approved by the President or designee in order to authorize the Gallery to proceed with the deaccession and disposal.

c. If an object is a gift-in-kind donated for the sole purpose of benefiting the University, college or program as the University sees fit and is recommended for deaccession, it should be reviewed by the Collections Committee to determine if the work meets the requirements to be accessioned into the permanent collection prior to its deaccessioning and disposal. If these requirements are met, the object is to be transferred to the permanent collection.

3. Incoming Loans of Artifacts

a. For objects on loan from individuals or institutions for a period of five years or less, an Incoming Loan Agreement must be signed by the lender and an authorized Gallery staff person (the Gallery Director, Curator, or their designee). For objects on loan from institutions for a period of over five years, an Incoming Loan Agreement must be signed by the lender and the Gallery Director with prior approval from the President’s Office. The Incoming Loan Agreement outlines the terms of the loan specifying the loan purpose, time period, insurance coverage, and the responsibilities of both the borrower and the lender.

b. The Gallery normally photographs borrowed objects for recordkeeping and security purposes unless instructed by the lender not to do so. The Curator will be responsible for the packing, shipping and/or transportation, and insurance coverage for borrowed objects. The lender is responsible for the cost of any object appraisal(s) if needed for insurance purposes. The Gallery will make all reasonable efforts to return borrowed objects to the lender in accordance with the terms outlined in the Incoming Loan Agreement and in accordance with Code of Virginia, Title 55, Property and Conveyances, Chapter 11.1, Disposition of Unclaimed Property.

4. Outgoing Loans of Artifacts

a. Museums seeking to borrow an object(s) must submit a written request to the Gallery Director stating the specific object(s), purpose, and time period of the proposed loan and guaranteeing payment of all costs associated with the loan including packing, shipping, and/or transportation, and insurance.
b. A Standard Facility Report will be submitted to the Gallery Director by the proposed borrower. The Dean of the College of Arts and Letters and/or University Counsel’s office will jointly review the written loan request and the completed Standard Facilities Report to determine if the proposed borrower meets professional standards.

c. If professional standards are not met by the proposed borrower, the Gallery Director or the Curator will notify the proposed borrower.

d. If professional standards are met by the proposed borrower and if the loan of the object(s) will not endanger its physical condition or interfere with the Gallery’s own exhibition and/or research needs, the Gallery Director may make a written recommendation to the Dean of the College of Arts and Letters to approve the loan. Upon approval by the Dean, the Gallery Director is authorized to proceed with the outgoing loan.

e. An Outgoing Loan Agreement must be signed by the authorized representative of the borrowing gallery and either the Provost, or the Provost’s designee.

5. Access to and Use of Collections and Collections Records

a. A written request specifying the objects and records to be examined (and if the researcher wishes to photograph the objects and in what format), the purpose and proposed date of the examination, and the researcher's current address and daytime phone number should be submitted to the Curator.

b. If the request meets with the established access policy of the Gallery, the Curator will schedule an appointment with the researcher and will provide supervised access to the specified objects and records.

6. Request for Photographs of Collections

a. Requests for obtaining photographs of objects in the Gallery’s collections will be submitted in writing to the Curator.

b. The University will establish and adjust, as necessary, a fee schedule for all photographic and other copy work.

c. Due to limited staff resources and time, the Gallery may be unable to fulfill a specific photographic request if there is not already an existing negative, transparency or digital image.

d. Researchers wishing to photograph objects in the collections with their own photographic equipment may do so only with prior approval from the Gallery Director.

e. Researchers wishing to hire an outside vendor to photograph objects in the collections may do so only with prior approval. The University reserves the right to select the vendor to provide such special photographic services. The researcher must make direct arrangements with the vendor for payment of vendor services.

f. If the request is to publish a photograph of an object, a Permission to Publish Form with the stipulation that the photograph will be appropriately credited and that the Gallery will be provided with a complimentary copy of the publication must be completed and submitted for approval by the Gallery Director or the Curator.

g. Purchase of copyrighted photographic prints or transparencies of the University's collection does not convey to the purchaser any rights of copyright. Certain works of art as well as photographs of those works of art may be protected by copyright, trademark, or related interests not owned by the University. The responsibility for ascertaining whether any such rights exist and for obtaining all other necessary permissions remains with the purchaser.

h. The University reserves the right to charge for the use of its copyrighted materials, photographs, and reproductions.
i. The University reserves the right to deny a request for photographs of the University’s collections if fulfilling the request would lead to one or more of the following conditions:

- endangering the physical security of the collections
- undermining the intellectual integrity of the collections
- posing an excessive administrative burden
- violating the terms of a loan
- infringing on copyrighted material
- involving a use for illegal or unethical purposes
- violating privacy, publicity, or other personal rights of any party
- libeling, slandering, or causing undue ridicule or embarrassment to any person or organization
- implying an institutional endorsement of any product, company, or enterprise.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director, Baron and Ellin Gordon Galleries

I. RELATED INFORMATION

University Policy 3400 – Fixed Asset Control
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s Robert Wojtowicz  July 14, 2015
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  March 24, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Chandra de Silva  August 10, 2015
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

R. Earl Nance  August 11, 2015
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  August 11, 2015
President  Date

Policy Revision Dates:  August 11, 2015

Scheduled Review Date:  August 10, 2020
A. PURPOSE

The purpose of this policy is to promote the proper and reasonable use of funds to ensure compliance with Federal, State and University policies.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to university operations.

Old Dominion University has executed a Memorandum of Understanding (MOU) with the Commonwealth Department of Accounts and Department of the Treasury relating to the decentralization of non-payroll disbursements. The MOU documents the agreement in accordance with the Appropriations Act to delegate the operation of non-payroll disbursements to Old Dominion University as part of a program to grant relief from rules, regulations, and reporting requirements in the areas of finance and accounting.

Commonwealth Accounting Policies and Procedures (CAPP) Manual, Section 20310

C. DEFINITIONS

Banner – The University’s centralized academic and administrative records system that allows users to view and work with university data.

Budget Unit Director - The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

Business Related Expenditure - An expenditure that is directly related to the operation of a functional area (i.e., school, department, administrative area, etc.) in the fulfillment of its stated mission or objective as part of the University’ overall mission (i.e., instruction, research, public service, support services, operation and maintenance of plant, etc.).
Capital Projects (Ledger 7) – Funding sources include State Appropriations, Revenue Bonds, Auxiliary Services, and University funds designated for the construction of facilities and capital improvements.

Commonwealth Educational and General Funds (Ledger 1) - Funding sources include State general appropriation, tuition, and educational and general fees, such as admissions fees, Children’s Learning & Research Center fees, and transcript fees.

Commonwealth Auxiliary Services Funds (Ledger 3) - Funding sources include student activity fees, self-generated revenues and sale of goods/services, such as room and board revenues, parking fees and fines, and Student Health Center fees.

Discretionary and Gift Funds (Ledger 6) - Funding sources include gift income, interest earnings from endowments, bookstore and vending commissions.

Grants and Contracts (Ledger 5) – Funding sources include State, Federal, and Private Grants, Contracts and other externally funded programs.

Local Auxiliary Services Funds (Ledger 4) - Funding sources include student activity fees, self-generated revenue and sales of goods/services, such as tickets sales for intercollegiate athletic events, recreational and intramural program fees, and dues from student organizations.

Reasonable Expense - An amount that a prudent businessperson would expend to obtain a particular good or service on behalf of a public agency of the Commonwealth of Virginia.

Reconciliation - A systematic review of Banner account information against source documents to verify that all transactions are accurate and appropriate, and to identify charges that have not yet posted along with ensuring accounts are not overspent.

Scholarships and Fellowships (Ledger 8) – Funding sources include Federal Student Loans and Aid, State Appropriations, Gifts/Endowment s, and University funding designated for student financial assistance.

D. SCOPE

This policy applies to Budget Unit Directors or their designees with oversight or administrative responsibility for monitoring budget, revenue and/or expenditures through a fund or organization in the University’s financial accounting system.

E. POLICY STATEMENT

Budget Unit Directors are responsible and accountable for all budgetary and fiscal matters pertaining to their respective department/college or unit. In instances when a fiscal transaction directly benefits the Budget Unit Director (e.g., travel expenses), the Budget Unit Director’s immediate supervisor must approve such transactions.

Budget Unit Directors are charged with being stewards of funds provided by the Commonwealth and the University, and ensuring they are expended to best serve the University and its mission. These responsibilities include:

- adequate planning for use of funds and determining the availability of funds prior to initiating any expenditure action;
• reviewing and ensuring all funds are expended in compliance with Commonwealth and/or University policies and that they are properly documented;
• ensuring the funds are expended for the intended purpose and relate to the mission of the University;
• monitoring expenditures to ensure they do not exceed budget authority; and
• performing budget account reconciliations on a monthly basis.

Reconciliations of each Banner account are important to maintaining the integrity of the University’s records. Reconciliations are an essential part of an effective internal control environment ensuring that transactions recorded in Banner are legitimate, complete, supported by adequate documentation, and recorded timely.

Budget Unit Directors may delegate signature authority. The delegation of signature authority does not relieve the Budget Unit Director’s responsibility to ensure the appropriateness of the expenditure and compliance with Commonwealth and/or University policies.

Failure of Budget Unit Directors to abide by these policies and procedures may result in revocation of fiscal authority, personal liability, and/or disciplinary action.

Certain expenditures that are funded with Commonwealth Educational and General Funds, Commonwealth Auxiliary Service Funds, and Local Auxiliary Service Funds must comply with Commonwealth Accounting Policies and Procedures (CAPP). Other expenses that are funded with Local Discretionary, Gift Funds, and Grants must comply with university financial policies and procedures and, when applicable, in accordance with the specific criteria established by the donor, grantor, or other external entity. In all cases, expenditures should be reasonable and for the benefit of the University and its mission.

Examples of allowable and disallowed business expenses and the appropriate funding source(s) follow:

Allowable (Commonwealth E&G and Auxiliary Services: Ledger 1, 3, 4 and 6 Funds):

• Essential and reasonable operating expenditures within Commonwealth guidelines that directly support the mission of the University;
• Essential and reasonable travel expenditures within Commonwealth travel guidelines;
• Reasonable food/beverage service for special meetings or events benefiting the University;
• Purchase of equipment and supplies for office use;
• Memberships in professional organizations when the membership will result in direct benefit to the institution;
• Dedications and University-sponsored events with a clearly defined business purpose, specifically, fundraising, community engagement, or entertainment of guests of the University;
• Purchase of items to be used for employee recognition programs approved by the Department of Human Resources or student recognition activities;
• Office plants and artwork/wall decor when they aid in the professional appearance of the office or building and are located in common/public areas;
• Subscriptions to news journals, periodicals and magazines where such subscriptions are necessary to fulfill one’s professional responsibility. (Note: they should be mailed to an ODU office);
• Funeral attendance travel expenses for one employee selected by the President or designee; and
• Bottled water for outside workers or emergency provisions for employees if the water available in the building is hazardous to employees’ health.

Allowable (Local Discretionary/Gifts: Ledger 6 Funds Only):

• Essential and reasonable travel expenditures in excess of Commonwealth travel guidelines;
• Reasonable operating expenditures directly benefiting the University in excess of Commonwealth guidelines;
• Memberships in social organizations when the business purpose has been clearly established and documented and the membership has been approved by the President;
• Length of service celebrations (the cost associated with the function should be in proportion to the retiree’s length of service and position within the institution);
• Receptions, entertainment, alcoholic beverages, coffee, or office events with a clearly defined business purpose;
• Gifts and flowers for funerals, hospitalizations or University-approved events; and
• Tickets, gifts and flowers for cultivation initiatives for the purpose of fundraising and community engagement. These purchases require a statement identifying the occasion, the recipient, and the business purpose.

Disallowed For All Funds:

• Any expenditure that does not benefit the University;
• Non-essential, unreasonable accommodations while traveling, such as “luxury” accommodations;
• Excessive food/beverage service for special meetings or events;
• Gift cards or gift certificates;
• Interest on personal credit cards;
• Flowers and gifts purchased for any other purpose than those listed in the sections above (e.g., Holiday, “Thank You,” birthday, baby shower, Secretary’s Day, Bosses’ Day, etc.);
• Purchase of goods or services for non-University or personal use or for use by an organization other than the University;
• Cleaning of personal clothing worn on the job;
• Memberships in organizations when membership will not result in any direct benefit to the institution. Examples would include memberships to health clubs or gymnasiums;
• Donations or contributions to outside organizations (an exception is allowed for contributions up to $50 in lieu of flowers for a funeral and requires approval of the Vice President administratively responsible and the use of local discretionary or gift funds);
• Picture framing for personal pictures that may hang in a University office but are not considered University property;
• Portraits of individuals whether retained by the University or not, unless prior approval is obtained from the Dean or Vice President administratively responsible for the area;
• The payment of any type of employee subsidy (i.e., rent, parking, insurance, etc.) unless prior approval has been obtained from the Vice President administratively responsible.
• Motor vehicle moving violations and parking tickets;
• External legal services, unless prior approval has been obtained from and documented by the Office of the University Counsel; and
• Any expenditure that may constitute a violation of the University’s Conflict of Interest Policy.
F. PROCEDURES

The Office of Accounts Payable is responsible for ensuring that all payments for the University are processed in accordance with a multitude of policies and procedures, including Internal Revenue requirements, state coding requirements, and prompt payment. Budget Unit Directors must abide by these policies and procedures, which are available on the Office of Finance Accounts Payable website.

Budget Unit Directors are responsible for formally reconciling their Banner account(s) once a month for the prior month’s transactional and budget activity. The Budget Unit Director can delegate all or a portion of this monthly reconciliation to other qualified personnel; however, the Budget Unit Director is ultimately responsible for the performance of the monthly reconciliations for all funds assigned to their department or organization and for retaining documentary evidence.

Reconciliations should:
- Be performed no later than 30 days after the end of the month.
- Include comparing Banner data with departmental records and supporting documentation for all transactions at the sub-object code level.
- Document any discrepancies including charges or credits posted incorrectly or pending transactions that have not yet posted. Reconciling items should be promptly resolved within 30 days.
- Verify that the budget account is within the established budget authority and is not overspent.
- Be certified by the Budget Unit Director or designee (approver):
  - Both the preparer and the approver should certify by initialing and dating the reconciliation that all posted transactions are appropriate, necessary, and supported by documentation retained within the department.
  - The same individual cannot be both the preparer and the approver.

Departmental procedures should be in place to ensure that transactions authorized for payment have been identified, any inappropriate or inaccurate expenditures have been identified, and revenues collected have been deposited. Reconciliation procedures should validate that transactions have been recorded for the correct amount in the proper account (fund, organizational and sub-object code).

If during the monthly reconciliation, irregular or suspected fraudulent transactions are detected, appropriate actions should be taken in accordance with Policy 3003, Detection, Investigation and Reporting of Fraud, Waste and Abuse.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Finance/University Controller
I. RELATED INFORMATION

Internal Revenue Service Regulation on Gifts
Virginia Department of Human Resource Management - Employee Recognition for Length of State Service
University Policy 1060 – Institutional and Individual Memberships in Professional or Civic Organizations and Social Clubs
University Policy 3003 – Detection, Investigation and Reporting of Fraud, Waste and Abuse
University Policy 3400 – Fixed Asset Control
Department of Procurement Services Policies and Procedures
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Mary C. Deneen _______________________________ September 28, 2021
Responsible Officer _______________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks _______________________________ September 28, 2021
Chair, Policy Review Committee (PRC) _______________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois _______________________________ October 1, 2021
Responsible Oversight Executive _______________________________ Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson _______________________________ October 7, 2021
University Counsel _______________________________ Date

Presidential Approval:

/s/ Brian O. Hemphill _______________________________ October 29, 2021
President _______________________________ Date

Policy Revision Dates: December 1, 1988; August 22, 2003; May 4, 2002;
February 14, 2018; October 29, 2021

Scheduled Review Date: October 29, 2026
AUTHORITY OF THE UNIVERSITY AUDIT DEPARTMENT

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: October 1, 2020

A. PURPOSE

The purpose of this policy is to establish the authority of the University Audit Department at Old Dominion University as a means to fulfill its mission to the University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations. Section 7.01 of the Board of Visitors Bylaws grants specific authority to the Chief Audit Executive.

Board of Visitors Policy 1610 – Charter of the University Audit Department

C. DEFINITIONS

N/A

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University's programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.
E. POLICY STATEMENT

The University Audit Department was established to assist the Board of Visitors and management of Old Dominion University. As appropriate to accomplish this mission, the University Audit Department will have a dual focus: (1) to provide an independent and objective appraisal of the University's financial, operational and information systems, and to evaluate the internal control environment; and (2) to work with management in a proactive and creative manner to ensure the development and provision of services and processes in the most efficient and effective manner.

To the extent permitted by law, the University Audit Department shall have timely and unrestricted access to all University activities, properties, personnel, and records that are relevant to fulfillment of the department’s mission to the University.

It is understood that certain sensitive and/or restricted items of the University necessitate special arrangements to be made by the University Audit Department when examining and reporting upon such items; however, no legitimate sources of information are to be closed to the University Audit Department.

The University Audit Department is to be independent in the conduct of its mission. As such, it shall be free from control or undue influence:

- in the selection and application of audit techniques, procedures, and programs;
- in the determination of facts revealed by the examination or in the development of recommendations or opinions as a result of the examination, and
- in the selection of areas, activities, personal relationships, and managerial policies to be examined.

F. PROCEDURES

Individuals in receipt of inquiries from members of the University Audit Department shall respond to requests and inquiries within requested or reasonable time frames and assist the University Audit Department as needed in conducting audits, reviews or investigations.

G. RETENTION

Applicable records must be retained for three years following the end of the fiscal year in which the records were closed and then destroyed in accordance with the Commonwealth’s Records Retention Schedule (General Schedule Series 102, Series 012086).

H. RESPONSIBLE OFFICER

Chief Audit Executive
I. RELATED INFORMATION

University Policy 3003 – Detection, Investigation and Reporting of Fraud, Waste and Abuse
University Policy 3004 – University Audit Response Procedures

Where to go with issues or concerns:

- The State Employee Fraud, Waste, and Abuse Hotline, 1-800-723-1615
- The Virginia Department of Employment Dispute Resolution (EDR)
- University Audit Department
- Old Dominion University Department of Human Resources
- Office of Institutional Equity and Diversity
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

Responsible Officer ___________________________ Date ___________________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ January 28, 2020 ___________________________
Chair, Policy Review Committee (PRC) Date ___________________________

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois ___________________________ October 1, 2020 ___________________________
Responsible Oversight Executive Date ___________________________

University Counsel Approval to Proceed:

______________________________ ___________________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick ___________________________ October 1, 2020 ___________________________
President Date ___________________________

Policy Revision Dates: December 1, 1988; September 30, 2009; December 24, 2014; October 1, 2020

Scheduled Review Date: October 1, 2025
Policy #3003
DETECTION, INVESTIGATION AND REPORTING OF FRAUD, WASTE AND ABUSE

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: October 1, 2020

A. PURPOSE

The purpose of this policy is to establish University policy and responsibilities concerning the detection, investigation and reporting of fraud, waste and abuse.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations. Section 7.01 of the Board of Visitors Bylaws grants specific authority to the Chief Audit Executive.

Code of Virginia, Section 30-138, as amended - State agencies, courts, and local constitutional officers to report certain fraudulent transactions; penalty

Board of Visitors Policy 1610 – Charter of the University Audit Department

C. DEFINITIONS

Abuse – excessive or improper use of something, or to use something in a manner contrary to the natural or legal rules for its use. Examples include the intentional destruction, diversion, manipulation, misapplication, maltreatment, or misuse of University resources; or extravagant or excessive use as to the abuse of one’s position or authority. Abuse can occur in financial or non-financial settings.

Fraud – an illegal act of intentional deception or misrepresentation used to benefit oneself or others or to cause detriment to others or the University. Fraud includes but is not limited to false representations of material fact, false or misleading statements, or the concealment of something that should have been disclosed, which deceives and is intended to deceive.

Waste – the thoughtless or careless expenditure, consumption, mismanagement, use, or squandering of University resources to the detriment or potential detriment of the University. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems, or controls.
D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The Code of Virginia, Section 30-138, as amended, requires that, “Upon the discovery of circumstances suggesting a reasonable possibility that a fraudulent transaction has occurred involving funds or property under the control of any . . . agency of the Commonwealth, . . . as to which one or more officers or employees of state or local government may be party thereto, the state agency head . . . shall promptly report such information to the Auditor of Public Accounts (Auditor), the State Inspector General and the Superintendent of State Police (Superintendent).”

F. PROCEDURES

Upon discovery of information or circumstances suggesting fraud, waste or abuse, it is the responsibility of University employees and students to immediately notify either the State Employee Fraud, Waste, and Abuse Hotline or the University Audit Department. The individual may also additionally contact other University departments such as the Department of Human Resources, the Department of Public Safety, Office of Finance and/or University Counsel. When fraud, or circumstances suggesting fraud, is reported to any of these offices, the other offices listed above should be contacted in a timely manner to inform them of the situation, if warranted.

The above departments should agree as to the respective roles each office should have in the investigation of the situation. Different circumstances may require different departments to lead the investigation (e.g., if the situation is criminal, financial or administrative in nature).

Upon notifications of possible fraud, the University Auditor should ensure that the proper authorities within the department and University management have been notified of the potential loss. The University Auditor should work to ensure that the University promptly notifies other state departments as required under Section 30-138 of the Code of Virginia.

The University Audit Department will perform sufficient tests to identify any weaknesses in financial, operating, or technology controls that permitted the loss and will evaluate the impact the weaknesses have with respect to other activities of the institution. In addition, the University Audit Department will recommend improvements to correct the weaknesses and incorporate appropriate tests in future audits to detect whether the same or similar weaknesses exist in other areas of the institution.
G. RETENTION

Applicable records must be retained for three years following the end of the fiscal year in which the records were closed and then destroyed in accordance with the Commonwealth’s Records Retention Schedule (General Schedule Series 102, Series 012086).

H. RESPONSIBLE OFFICER

Chief Audit Executive

I. RELATED INFORMATION

University Policy 3002 – Authority of the University Audit Department
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

Responsible Officer ________________________________ Date ________________________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ________________________________ January 28, 2020 ________________________________
Chair, Policy Review Committee (PRC) ________________________________ Date ________________________________

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois ________________________________ October 1, 2020 ________________________________
Responsible Oversight Executive ________________________________ Date ________________________________

University Counsel Approval to Proceed:

______________________________ ________________________________
University Counsel ________________________________ Date ________________________________

Presidential Approval:

/s/ John R. Broderick ________________________________ October 1, 2020 ________________________________
President ________________________________ Date ________________________________

Policy Revision Dates: December 1, 1988; September 30, 2009; December 24, 2014; October 1, 2020

Scheduled Review Date: October 1, 2025
A. PURPOSE

The purpose of this policy is to establish the process for responding to audit findings and recommendations contained in reports issued by the University Audit Department.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations. Section 7.01 of the Board of Visitors Bylaws grants specific authority to the Chief Audit Executive.

Board of Visitors Policy 1610 – Charter of the University Audit Department

C. DEFINITIONS

N/A

D. SCOPE

This policy applies to all University administrators, including, but not limited to, the President, Vice Presidents, department heads, and directors.

E. POLICY STATEMENT

It is the policy of Old Dominion University that all areas that are the subject of an internal audit review be provided an opportunity to respond to issues identified and recommendations made. These responses will be included in the body of the audit report, which will be submitted in draft form to the appropriate vice president for review, prior to final issuance to the President.

University departments are to respond to internal audit reports and recommendations in a timely manner and in the format prescribed by this policy and the Chief Audit Executive. The administrator of a department that has been audited shall be provided a minimum of two weeks to respond to audit findings and recommendations.
F. PROCEDURES

Once a department has been presented with the audit findings and recommendations in draft format, the department head or designated individual shall draft responses to the recommendations. The responses should clearly communicate, to all readers of the report, agreement or disagreement with the issues identified, planned courses of action, responsibility for those courses of action and a timeline for completion. Responses should be as concise as possible, and directly relate to the issues and recommendations identified in the report and planned corrective actions. In order to promote uniformity and clarity across different audit reports, the University Audit Department will ask that responses be in a standardized format, which can be found on the University Audit Department’s Website.

Responses should be written and returned within two weeks as prescribed by policy. The appropriate Vice President shall be notified should the responsible administrator not respond to the audit findings by the assigned deadline. The Vice President shall be responsible for ensuring that the response is submitted within five business days following notification from the Chief Audit Executive that the response was not received. The Vice President will be accountable to the President for ensuring that the response is submitted within the five-day period.

The Chief Audit Executive will review corrective actions that are proposed by the administrator responsible for departmental operations. A draft report incorporating the findings, recommendations, and corrective actions will be prepared and submitted to the Vice President of the area for review. In cases where the actions proposed by the responsible administrator will not correct the deficiency, an exception will be taken by the Chief Audit Executive, and the Vice President shall obtain the President’s concurrence that the University is willing to accept the risk of not taking corrective action or submit a revised acceptable response. All parties are expected to work together to resolve outstanding issues within three weeks.

Once this process is complete, the final report is issued to the President.

The University Audit Department will conduct a follow-up review to determine whether corrective actions were completed at the proposed implementation date. The appropriate Vice President will be responsible for the timely correction of outstanding deficiencies noted in the open action item report and shall justify to the President the cause for the delay in correcting deficiencies previously identified. Due to certain circumstances, it may be appropriate for the Vice President to obtain the concurrence of the President that the risk or consequence of not taking action is acceptable. Justifications and corrective action deadlines will be included in the open action item report issued by the Chief Audit Executive to the President.

G. RETENTION

Applicable records must be retained for three years following the end of the fiscal year in which the records were closed and then destroyed in accordance with the Commonwealth’s Records Retention Schedule (General Schedule Series 102, Series 012086).

H. RESPONSIBLE OFFICER

Chief Audit Executive
I. RELATED INFORMATION

University Policy 3002 – Authority of the University Audit Department
Audit Response Procedures
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

Responsible Officer _______________________________ Date _______________________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks _______________________________ January 28, 2020 _______________________________
Chair, Policy Review Committee (PRC) Date _______________________________

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois _______________________________ October 1, 2020 _______________________________
Responsible Oversight Executive Date _______________________________

University Counsel Approval to Proceed:

University Counsel _______________________________ Date _______________________________

Presidential Approval:

/s/ John R. Broderick _______________________________ October 1, 2020 _______________________________
President Date _______________________________

Policy Revision Dates: November 1, 1990; September 30, 2009; December 14, 2014; October 1, 2020

Scheduled Review Date: October 1, 2025
A. PURPOSE

The purpose of this policy is to assign responsibility for compliance with requirements set forth in laws, regulations, University policies and procedures, and standards for internal controls, including those found in commonly accepted business practices.

B. AUTHORITY

**Code of Virginia Section 23.1-1301, as amended**, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the **Board of Visitors Bylaws** grants authority to the President to implement the policies and procedures of the Board relating to University operations.

**Commonwealth Accounting Policies and Procedures (CAPP), Section 10305**

**Agency Risk Management and Internal Control Standards (ARMICS)**, a directive issued by the State Comptroller, mandates the use of internal control standards and “best practices” that directly support the Commonwealth’s vision and long-term objectives. This directive requires the implementation and annual assessment of agency internal control systems in order to provide reasonable assurance of the integrity of fiscal processes related to the submission of the transactions to the Commonwealth’s general ledger, submission of financial statement directive materials, compliance with laws and regulations, and stewardship over the Commonwealth’s assets.

C. DEFINITIONS

**Accounting Controls** – The controls surrounding the activities concerned with authorizing, processing, recording, and reporting transactions.

**Administrative Controls** – The broad controls surrounding all activities carried out by University employees to accomplish their objectives (e.g., planning, organizing, monitoring productivity, and maintaining quality control).

**Internal Controls** – A process, affected by an entity’s Board of Visitors, management, and other personnel, designed to provide reasonable assurance regarding the achievement of objectives relating to operations, reporting and compliance.
D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University is committed to maintaining a strong system of internal controls and will have adequate administrative controls and accounting controls in place for all operations and transactions. An effective internal control system helps the University achieve the following:

- Promote orderly, economical, efficient and effective operations.
- Produce quality products and services consistent with the University’s mission.
- Safeguard resources against loss due to waste, abuse, mismanagement, errors and fraud.
- Promote adherence to statutes, regulations, bulletins and procedures.
- Develop and maintain reliable financial and management data and accurately report that data in a timely manner.

Internal controls are the responsibility of all employees of the University; generally an employee’s position will determine the extent of his or her involvement.

F. PROCEDURES

Vice Presidents are responsible for ensuring that adequate internal controls are maintained in their respective divisions.

The Assistant Vice President for Finance/University Controller recommends internal control policy for accounting controls, develops and publishes procedures, evaluates internal controls annually to determine operating effectiveness, and issues a statement concerning internal controls to accompany the University’s submission of its financial statements to the Department of Accounts. The Assistant Vice President for Finance/University Controller also documents the agency’s assessment of internal controls in compliance with ARMICS and the related Comptroller’s directive.

Academic unit heads and administrative department heads are responsible for establishing, implementing, documenting, and monitoring internal controls for their respective units to ensure that they exist and are operating effectively. Administrative internal controls can be found in various documents, including but not limited to, Board of Visitors policies, University policies and procedures, faculty and staff handbooks, and the University Undergraduate and Graduate Catalogs. Policies and procedures that establish the accounting internal control framework can be found on the Office of Finance website and in the Commonwealth of Virginia Accounting Policies and Procedures (CAPP) Manual.

When accounting internal controls are identified as not being adequate, appropriate action will be undertaken by the administration to address these deficiencies. Any observed weaknesses in internal control must be brought to the attention of the Office of Finance/University Controller immediately. On an annual basis, the President must certify to the Comptroller of Virginia and the
Auditor of Public Accounts that the University has established, maintained and evaluated its internal control framework.

The University Internal Auditor will independently evaluate the internal control environment and periodically verify management’s actions with relation to establishing, documenting, and monitoring of these internal controls.

G. RECORDS RETENTION

Applicable records must be retained for three years and then destroyed in accordance with the Commonwealth’s Records Retention Schedule 102, Series 012103 (Financial Account Reports).

H. RESPONSIBLE OFFICER

Assistant Vice President for Finance/University Controller

I. RELATED INFORMATION

University Policy 1002 – Code of Ethics
University Policy 1003 – University Responsibility for Compliance
University Policy 3002 – Authority of Internal Audit Department
POLICY HISTORY

************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Mary Deneen ___________________________ October 18, 2017
Responsible Officer ___________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ April 11, 2017
Chair, Policy Review Committee (PRC) ___________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois ___________________________ October 23, 2017
Responsible Oversight Executive ___________________________ Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ___________________________ October 24, 2017
University Counsel ___________________________ Date

Presidential Approval:

/s/ John R. Broderick ___________________________ October 30, 2017
President ___________________________ Date

Policy Revision Dates: December 1, 1988; June 24, 2010; October 30, 2017

Scheduled Review Date: October 30, 2022
A. PURPOSE

The purpose of this policy is to implement an Identity Theft Prevention Program pursuant to the Federal Trade Commissions’ Red Flags Rule under the Fair Credit Reporting Act to detect, prevent and mitigate incidents of identity theft in order to protect its students, employees and others who entrust their personal information with the University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.


Regulations issued by the Federal Trade Commission, Electronic Code of Federal Regulations, Title 16, Part 681

Code of Virginia Section 18.2-186.3, Identity Theft

Board of Visitors Policy 1601 – Identity Theft Protection

C. DEFINITIONS

Covered Account – All student accounts or loans administered by the University.

Credit Transaction – Any transaction where the University loans, defers payment, or extends credit to an individual.

Debit Cards – Any card that allows a balance to decline and/or be refreshed for use in purchase transactions.
Identity Theft – A fraud committed or attempted using the personally identifiable information (PII) of another person without authority.

Personally Identifiable Information (PII) – Any information used to identify a specific person, including, but not limited to, name, address, and telephone number when combined with social security number, date of birth, government-issued numbers (such as passport, driver’s license, alien registration or taxpayer identification), medical record number, or a unique electronic or account number in combination with any required security code, access code or password, or unique biometric data such as fingerprint, voice print, or retina or iris image.

Red Flag – A transaction that a reasonable person should suspect that they may be interacting with an individual using someone else’s identity. A pattern, practice or specific activity that indicates a possible existence of identity theft.

Suspicious Activities Report (SAR) – A report of suspicious activity that arises when a University employee is confronted with a Red Flag. The report shall be in writing and forwarded to the Associate Controller and shall specifically state the party or parties involved, the conduct creating the red flag, and the action or refusal to take action that was a result of the suspicious behavior.

D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University is committed to complying with Federal regulations concerning the detection, prevention and mitigation of identity theft. In accordance with the Fair Credit Reporting Act (FCRA) and the subsequent “Red Flags Rule” of 2007, the University is required to establish and maintain an Identity Theft Protection Program (hereinafter referred to as “Program”) to detect, prevent and mitigate identity theft in connection with new and existing covered accounts.

This policy applies in three applications affecting diverse University constituencies. The first application occurs in the use of criminal background checks performed to employ an individual. The second application occurs in any credit transaction. The third application occurs in the issuance, reissuance or refilling of debit cards.

Each department or unit within the University that conducts background checks or performs any credit or debit transaction shall develop reasonable written policies and procedures to:

1. Identify relevant Red Flags for new and existing covered accounts and incorporate those Red Flags into the Program;
2. Detect Red Flags that have been incorporated into the Program;
3. Respond appropriately to any Red Flags that are detected to prevent and mitigate identity theft; and
4. Ensure the Program is reviewed at least annually in order to identify and address changes in risks to students, employees, and/or job applicants or to the safety and soundness of the student, employee, and/or job applicant from identity theft.
F. PROCEDURES

1. IDENTIFICATION OF RED FLAGS

In order to identify relevant Red Flags, the University considers the types of accounts that it offers and maintains, methods it provides to open its accounts, methods it provides to access its accounts, and its previous experiences with identity theft. The University identifies the following Red Flags in each of the listed categories:

a. Notifications and Warnings from Reporting Agencies
   **Red Flags:**
   i. Receipt of a notice of address discrepancy in response to a report request;
   ii. Non-approval of a credit transaction due to possible fraudulent usage.

b. Suspicious Documents
   **Red Flags:**
   i. Identification document or card that appears to be forged, altered or inauthentic;
   ii. Identification document or card on which a person’s photograph or physical description is not consistent with the person presenting the document;
   iii. Other document with information that is not consistent with existing student, employee, or job applicant information; and
   iv. Application for service that appears to have been altered or forged.

c. Suspicious Personally Identifiable Information (PII)
   **Red Flags:**
   i. PII presented that is inconsistent with other information the student, employee, or job applicant provides (example: inconsistent birth dates);
   ii. PII presented that is inconsistent with other sources of information (for instance, an address not matching an address on a loan application);
   iii. PII presented that is the same as information shown on other applications that were found to be fraudulent;
   iv. PII presented that is consistent with fraudulent activity (such as an invalid phone number or fictitious billing address);
   v. Social security number presented that is the same as one given by another student, employee, or job applicant;
   vi. An address or phone number presented that is the same as that of another person;
   vii. A person fails to provide complete PII on an application when reminded to do so; and
   viii. A person’s PII is not consistent with the information that is on file for the student, employee, or job applicant.

d. Suspicious Covered Account Activity or Unusual Use of Account
   **Red Flags:**
   i. Change of address for an account followed by a request to change the student’s, employee’s, or job applicant’s name;
   ii. Payments stop on an otherwise consistently up-to-date account;
   iii. Account used in a way that is not consistent with prior use;
   iv. Mail sent to the student, employee or job applicant that is repeatedly returned as undeliverable;
   v. Notice to the University that a student, employee or job applicant is not receiving mail sent by the University;
   vi. Notice to the University that an account has unauthorized activity;
vii. Breach in the University's computer system security involving PII; and
viii. Unauthorized access to or use of student account information.

e. Alerts from Others

Notice to the University from a student, employee, job applicant, identity theft victim, law enforcement or other person that the University has opened or is maintaining a fraudulent account for a person engaged in identity theft.

2. DETECTING RED FLAGS

a. Student Enrollment

In order to detect any of the Red Flags identified above associated with the enrollment of a student, University personnel will take the following steps to obtain and verify the identity of the person opening the account:

i. Require certain PII such as name, date of birth, academic records, home address or other identification; and
ii. Verify the student’s identity at time of issuance of student identification card (review of driver’s license or other government-issued photo identification).

b. Existing Accounts

In order to detect any of the Red Flags identified above for an existing covered account, University personnel will take the following steps to monitor transactions on an account:

i. Verify the identification of students if they request information (in person, via telephone, via facsimile, via email);
ii. Verify the validity of requests to change billing addresses by mail or email and provide the student a reasonable means of promptly reporting incorrect billing address changes; and
iii. Verify changes in banking information given for billing and payment purposes.

c. Criminal Background Check Requests

In order to detect any of the Red Flags identified above for employment in a position for which a criminal background report is sought, University personnel will take the following steps to assist in identifying address discrepancies:

i. Require written verification from any job applicant that the address provided by the applicant is accurate at the time the request for the background check is made; and
ii. In the event that notice of an address discrepancy is received, verify that the background check pertains to the job applicant for whom the requested report was made.

3. PREVENTING AND MITIGATING IDENTITY THEFT

In the event University personnel detect any identified Red Flags, such personnel shall take one or more of the following steps, depending on the degree of risk posed by the Red Flag:
a. **Prevent and Mitigate:**

i. Continue to monitor a covered account for evidence of identity theft;

ii. Contact the student, employee or job applicant;

iii. Change any passwords or other security devices that permit access to covered accounts;

iv. Do not open a new covered account;

v. Provide the student, employee or job applicant with a new identification number;

vi. Notify the Program Administrator for determination of the appropriate step(s) to take;

vii. Notify law enforcement;

viii. File or assist in filing a Suspicious Activities Report ("SAR"); or

ix. Determine that no response is warranted under the particular circumstances.

b. **Protect Personally Identifiable Information (PII):**

In order to further prevent the likelihood of identity theft occurring with respect to covered accounts, the University will take the following steps with respect to its internal operating procedures to protect PII:

i. Ensure that its website containing PII is secure or provide clear notice that the website is not secure;

ii. Ensure complete and secure destruction of paper documents and computer files containing student, employee or job applicant account information when a decision has been made to no longer maintain such information; ensure that those records containing PII are destroyed within six months of the expiration of their retention period;

iii. Ensure the computer systems follow the IT Security Program and that systems handling PII are reviewed for risk, classified appropriately, and that appropriate controls are used;

iv. Avoid use of social security numbers;

v. Require and keep only the kinds of student, employee and job applicant information that are necessary for University purposes; and

vi. Adhere to [Information Technology Services (ITS) Standard 2.3.0, Data Administration and Classification](#), for all PII maintained in any electronic format.

4. **PROGRAM ADMINISTRATION**

a. **Oversight**

Responsibility for developing, implementing and updating this Program lies with the Associate Controller.

b. **Staff Training and Reports**

Each department or unit that conducts background checks, issues debit cards or issues credit transactions is responsible for ensuring that staff are trained as necessary, to effectively implement the Program. University employees are expected to notify the Associate Controller once they become aware of an incident of identity theft or of the University’s failure to comply with this Program.
Each department or unit within the University that conducts background checks, issues debit cards or issues credit transactions shall annually (prior to November 1) provide the Associate Controller a copy of the written procedures and sign-in sheet used at the annual training session. The Associate Controller shall provide a summary of all procedures and training to the Audit Committee of the Board of Visitors for their review with recommendations, if any, of suggested changes to better identify and react to Red Flags.

c. Service Provider Arrangements

In the event the University engages a service provider to perform an activity in connection with one or more covered accounts, the University will take the following steps to ensure the service provider performs its activity in accordance with reasonable policies and procedures designed to detect, prevent and mitigate the risk of identity theft.

i. Require, by contract, that service providers have such policies and procedures in place; and

ii. Require, by contract, that service providers review the University's Program and report any Red Flags to the Associate Controller or the University employee with primary oversight of the service provider relationship.

d. Program Updates

The Associate Controller will periodically review and update this Program to reflect changes in risks to students, employees and job applicants. In doing so, the Associate Controller will consider the University's experiences with identity theft situations, changes in identity theft methods, changes in identity theft detection and prevention methods, and changes in the University's business arrangements with other entities. After considering these factors, the Associate Controller will determine whether changes to the Program, including the listing of Red Flags, are warranted. If warranted, the Associate Controller will update the Program.

G. RECORDS RETENTION

Applicable records must be retained for three years and then destroyed in accordance with the Commonwealth’s Records Retention Schedule 102, Series 012103 [Financial Account Reports].

H. RESPONSIBLE OFFICER

Assistant Vice President for Finance/University Controller

I. RELATED INFORMATION

University Policy 1002 – Code of Ethics
University Policy 1003 – University Responsibility for Compliance
University Policy 3002 – Authority of Internal Audit Department
POLICY HISTORY

************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Mary Deneen          October 18, 2017
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks        April 11, 2017
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois        October 23, 2017
Responsible Oversight Executive    Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance        October 24, 2017
University Counsel       Date

Presidential Approval:

/s/ John R. Broderick    October 30, 2017
President                Date

Policy Revision Dates:   June 24, 2010; October 30, 2017

Scheduled Review Date:  October 30, 2022
A. PURPOSE

The purpose of this policy is to define the specific responsibilities of the Old Dominion University Police Department (ODUPD) and other University offices with responsibilities for the safety and security of the University community and the committee structure responsible for oversight in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Code of Virginia Section 23.1-804, as amended, and the Higher Education Act of 1965, as amended.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act)

Higher Education Act of 1965, as amended

Drug Free Workplace Act of 1988

Code of Virginia Section 23.1-804, as amended

Virginia Department of Human Resource Management Policy 2.35 – Civility in the Workplace

Board of Visitors Policy 1014 – Threat Assessment

University Policy 1021 – Emergency Management Policy

University Policy 6501 – Workplace Violence Prevention Policy
C. DEFINITIONS

Campus - The term “campus” means (1) any building or property owned or controlled by an institution of higher education within the same reasonably contiguous geographic area of the institution and used by the institution in direct support of, or in a manner related to, the institution’s educational purposes, including student housing facilities; and (2) property within the same reasonably contiguous geographic area of the institution that is owned by the institution but controlled by another person, is used by students, and supports institutional purposes (such as a food or other retail vendor).

Campus Security Authority – The Clery Act regulations define a Campus Security Authority as a member of a campus police department or a campus security department of an institution; any individual or individuals who have responsibility for campus security but who do not constitute a campus police department or a campus security department (e.g., an individual who is responsible for monitoring the entrance into institutional property); any individual or organization specified in an institution’s statement of campus security policy as an individual or organization to which students and employees should report criminal offenses; and an official of an institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline and campus judicial proceedings. An official is defined as any person who has the authority and the duty to take action or respond to particular issues on behalf of the institution.

Enterprise Risk Management (ERM) – A strategic business decision process that supports the achievement of an organization’s objectives by addressing the full spectrum of its risks and managing the combined impact of those risks as an interrelated risk portfolio.

Risk Assessment - The process of identifying types of risks or hazards that could affect the institution, including (1) hazard identification, the determination of potential risks, hazard events, or liabilities; (2) hazard characterization, the evaluation of which personnel, property, income or assets are most vulnerable to injury or damage from these hazards by severity and frequency; (3) exposure assessment, estimation of potential losses; and (4) risk characterization, the prioritization of various risk exposures.

Risk Management - The policies, procedures, and practices associated with the identification, analysis, and assessment of risk exposures and appropriate strategies to eliminate, control, minimize or avoid unacceptable risks. Control strategies may include risk assumption, risk avoidance, risk retention, risk transfer, or any other strategy or combination of strategies to manage future events. It includes the incorporation of Enterprise Risk Management strategies to better ensure the University’s strategic goals and objectives are met.

Senior Administrator - A person on the President’s Cabinet or a designee.

Threat Assessment - A fact-based investigative, analytical approach that evaluates whether an individual’s behavior poses a risk to his/her safety or the safety of others. The risk assessment in any given situation should focus on the actions, communications, and specific circumstances of an individual that might suggest that the individual is on a pathway to harm or intends to commit a violent act and/or is engaged in planning or preparing for that event.
D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

Old Dominion University is committed to the safety and welfare of the members of the University community. In furtherance of that goal, the University has established reasonable practices that: (1) support a safe and secure environment in the buildings and grounds owned, leased and/or controlled by the University; (2) promote safety through policies and programs; (3) provide an appropriate level of security at University activities; (4) safeguard the University’s property and physical assets; and (5) demonstrate commitment to compliance by assigning security and safety responsibilities to committees and departments.

All employees, students, and other members of the community share responsibility for the safety and security of the institution and must conduct University activities and operations in compliance with applicable Federal and State regulations and University policies. Furthermore, University facilities must be used in a safe and appropriate manner so as not to endanger the University community or the general public.

Individual employees, students, and other members of the community also are strongly encouraged to accurately and promptly report crimes, emergencies, potential threats, or risks to the ODUPD for investigation, action, analysis and statistical recording.

F. PROCEDURES

As part of an institution-wide commitment to a safe and secure University community, the University has established offices specifically charged with security and safety responsibilities and created a committee structure to provide general oversight and leadership for the University’s security, safety, and violence prevention efforts.

1. Committee Structure

a. University Safety and Security Policy Committee

The University Safety and Security Policy Committee is a standing committee appointed by the Vice President for Administration and Finance to serve as a coordinating and policy body, with responsibility to establish the framework for an overarching University safety, emergency management, and security program for all facilities (on- and off-campus, owned and leased). The committee, whose Chair will be appointed by the Vice President for Administration and Finance, shall consist of a representative of University General Counsel, a representative from Public Safety, and additional members as appointed. The Committee will also ensure that a framework is implemented through the appropriate
offices; evaluate the overall safety and security infrastructure; and provide oversight to the work of University operational committees responsible for environmental health and safety, violence prevention, physical security technologies, emergency management, and other safety and security related efforts.

Specific Committee responsibilities include:

i. Reviewing, evaluating, and determining requirements concerning safety and security assessments, plans, programs, and education, including changes that may affect the quality of the University’s living, learning and working environment;

ii. Overseeing reviews of the University’s assessment of vulnerabilities, hazards and risks related to the safety and security of individuals and the physical campus;

iii. Ensuring that sufficient University resources and funding are available to perform necessary emergency management, safety, and security functions and that these resources are consistent with anticipated regulatory changes;

iv. Overseeing the education and prevention of violence at the University in accordance with Code of Virginia Section 23.1-805, as amended, including providing direction to the Workplace Violence Prevention Committee and the Threat Education, Assessment & Management Team on the development and implementation of violence prevention policies, procedures, education and guidance regarding recognition and reporting of individuals whose behavior may pose a threat, assessment of such individuals and means of action to resolve potential threats;

v. Overseeing the application of the Safety and Security Policy and other policies that have implications for emergency management, safety, and security, including but not limited to facilities use, resource allocation, sponsorship of entertainment and events, threatening or intimidating conduct, facilities access control, environmental health and safety, and violence prevention;

vi. Reviewing and establishing guidelines and standards for departmental emergency response and continuity of operations plans;

vii. Evaluating the effectiveness of the University’s safety and security plans and programs; and

viii. Advising the Vice President for Administration and Finance on safety and security issues.

b. Threat Education, Assessment & Management Team

The Threat Education, Assessment and Management Team, established by the Board of Visitors in accordance with Code of Virginia Section 23.1-805, as amended, serves the entire University community, including visitors and guests. The Team is responsible for educating the University community to identify and report threats and other behaviors of concern; evaluating the risk of violence posed by an individual or group reported to the Team; evaluating the risk of self-harm; developing the most appropriate response congruent with the investigation and risk assessment, including referrals to appropriate University officials, mental health professionals and/or law enforcement agencies; assisting the potential target(s) of violence in developing and implementing appropriate preventative safety measures; consulting with University community members who have concerns about the safety or well-being of students, faculty and staff members of Old Dominion University; creating, revising, or recommending policies and procedures that will advance campus safety and/or threat assessment team functions; and providing recommended action for those who exhibit behaviors of concern.
c. Workplace Violence Prevention Committee

The Workplace Violence Prevention Committee is an operational committee established by University Policy 6501, Workplace Violence Prevention Policy, and is one of the components of the violence prevention committee structure approved by the Board of Visitors in accordance with the provisions of Code of Virginia Section 23.1-805, as amended. The Committee is appointed by the Vice President for Human Resources. It is charged with education and prevention of violence at the University and is responsible for developing and implementing violence prevention and education procedures, programs, and guidance. The Committee has oversight responsibilities for University compliance with all workplace violence prevention laws and regulations.

d. Executive Policy Group and Incident Management Team

The Executive Policy Group (EPG) provides strategic-level direction and guidance during a University incident, emergency, or event, and relies on the on-scene Incident Commander, Incident Management Team and/or functional units to implement the ODU Crisis and Emergency Operations Plan. The EPG consists of the Vice President for Student Engagement and Enrollment Services, Vice President for Administration and Finance, Provost and Vice President for Academic Affairs, Vice President for Human Resources, Assistant Vice President for Public Safety/Chief of Police, and ad hoc members as needed.

The Incident Management Team (IMT) provides operational-level coordination and support for University incidents, emergencies, and events. Guided by input from the Executive Policy Group, the IMT consists of representatives from the Emergency Support Functions (mission critical/key operations areas within the University) set forth in the ODU Crisis and Emergency Management Plan.

e. Health Safety Committee

The Health Safety Committee is a standing committee convened at the call of the Vice President for Administration and Finance to address health and safety issues that have implications toward the entire University community (e.g., Pandemic Flu).

2. Departments and Offices with Safety and Security Responsibilities

Old Dominion University’s commitment to the safety and welfare of the University community is demonstrated by an organizational and programmatic structure that defines the authorities and responsibilities of University departments to carry out programs and operations that promote the safety and security of individuals and property.

a. Old Dominion University Police Department (ODUPD)

The ODUPD is a law enforcement agency certified by the Virginia Department of Criminal Justice Services and empowered by the Code of Virginia to enforce State and local laws, make arrests, conduct criminal investigations, and perform other law enforcement activities. ODUPD has concurrent jurisdiction as well as equal authority with the Norfolk Police Department in designated areas. The ODUPD has primary responsibility to respond to and investigate alleged criminal offenses on property owned or leased by the University and has entered into various mutual aid agreements to obtain assistance from and provide assistance to Federal, State and local police departments. The University, through the ODUPD, monitors and records student off-campus criminal activity by
communicating and assisting local law enforcement, as needed. The ODUPD also has responsibility to prepare the Annual Security and Fire Safety Report required by the Clery Act.

b. Offices of Emergency Management and Fire Prevention

The Office of Emergency Management (OEM) is responsible for coordinating all emergency preparedness and continuity planning, training, exercise, and outreach initiatives at the University. Guided by University Policy 1021, Emergency Management Policy, and the Emergency Management Advisory Committee, OEM continually implements the emergency management cycle of prevention, mitigation, preparedness, response, and recovery through the facilitation of incident, emergency, and special event planning and management activities in coordination with ODUPD and other appropriate stakeholders. OEM also regularly collaborates with Hampton Roads-area municipal emergency management offices, as well as the Virginia Department of Emergency Management, the Federal Emergency Management Agency, and other local, State, Federal, non-governmental, and private sector partners.

The Office of Fire Prevention is responsible for facilitating fire and life safety inspections, training, education, and outreach for the University community; the Office also compiles fire safety data for the Annual Security and Fire Safety Report.

c. Office of Strategic Communication and Marketing

The Office of Strategic Communication and Marketing (SCM) has shared responsibility for coordinating and disseminating University communications. Emergency communications from ODUPD are coordinated with SCM when time permits, and additional information regarding emergencies is prepared in cooperation with and disseminated by SCM after the event. SCM utilizes the ODU Alerts emergency notification system, University email, University website, University social media accounts, automated telephone alerts, emergency phone banks, computer alerts, texts, local media outlets, and other communications platforms to inform the University community.

d. Office of Housing and Residence Life

Housing and Residence Life allocates resources necessary to ensure the safety and security of campus student housing facilities. Housing and Residence Life staff members receive training to promote a security consciousness and routinely check for propped security doors, suspicious acts or persons, and monitor the residence halls for unauthorized guests. These individuals also perform health and safety checks on residents, coordinate emergency evacuation and warning procedures, and facilitate the performance of fire, tornado, and other drills.

Missing Student Procedure (Included in the Annual Security and Fire Safety Report): Immediately upon becoming aware that a residential student is missing, Housing and Residence Life staff will activate the missing resident student procedure, which shall include immediate notification to the ODUPD. ODUPD will initiate an investigation in compliance with police department policies, procedures, and the law.
e. Women’s Center

The Women’s Center provides crisis intervention and advocacy services to students and employees who have been affected by sexual assault, relationship violence, stalking, cyberstalking, and sexual harassment. The Women’s Center is also responsible for providing outreach and education to the University community on issues involving violence against women and reviewing University policies related to these issues. The Women’s Center provides anonymous information to the ODUPD on sexual violence crimes that occur on or off campus in order to remain in compliance with the Clery Act. With the victim’s consent, the Women’s Center may also need to share information with the Old Dominion University Sexual Assault Resource Team (S.A.R.T.) in order to provide sexual assault support services to students and employees. In rare instances, information may need to be shared with selected University administrators, without the victim’s permission, when there is a safety threat to the University community.

f. Office of Risk Management

The Office of Risk Management handles all insurance matters, including claims and liability risk evaluations for University activities. The Office provides evaluation and training in risk management on behalf of the University and has specific responsibility for current property and casualty insurance policies and coverage for University property and automobiles, and has the additional responsibility to administer the property, general liability, automobile, boiler and machinery, medical malpractice, and related insurance programs of the University and associated claims.

g. Office of Research

The Assistant Vice President for Research Compliance, reporting to the Vice President for Research, oversees compliance with applicable laws, regulations, and guidelines associated with regulated research.

h. Student Health Services

Student Health Services is responsible for monitoring and responding to outbreaks of communicable disease or any significant threats to health that could impact the University community. The Office is also the point of contact for communication with local public health authorities regarding reportable infectious diseases and/or health threats. The Student Health Services Director, in conjunction with the Medical Director and Clinical Supervisor as needed, works closely with the Office of Strategic Communication and Marketing staff to provide current information on health related-emergencies and recommends appropriate responses.

i. Counseling Services

Counseling Services provides mental health services to students. In addition to the immediate availability of crisis intervention during University business hours, a 24-Hour Emergency On-Call System responds to mental health crises that may occur after hours or when the University is closed. Psychiatric evaluation, medication evaluation and consultations for mental health concerns are also provided.
j. Office of Environmental Health and Safety

The Office of Environmental Health and Safety develops policies, programs and training to support University compliance with Federal and State laws, regulations and standards related to workplace and laboratory safety. The Office supports University efforts to identify, evaluate and control hazards, including environmental monitoring services, waste disposal, industrial hygiene monitoring, and the evaluation and management of potential health and safety hazards. The Office evaluates safety risks and provides training to employees and students to reduce the risk of accident, injury or illness, fires, hazardous materials incidents, and laboratory accidents.

k. University Audit Department

The University Audit Department is responsible for periodic reviews of various aspects of physical security, health and safety as part of an annual risk-based audit plan in order to determine whether the audited department is in compliance with University policies and Federal and State regulations. Any reportable audit findings and recommendations are addressed directly to the audited department and the respective Vice President. The results are also communicated to the University President and the Audit Committee of the Board of Visitors.

l. Office of University Counsel

The Office of University Counsel provides legal advice concerning safety and security issues to members of the University community.

m. Departmental Responsibilities

Directors/Department Heads and individuals in supervisory roles are responsible for ensuring that personnel within their departments are aware of safety and security policies and the procedures for reporting safety problems, accidents, emergencies, crimes, and threats. They are also responsible for ensuring that emergency preparedness and Continuity of Operations Plans are developed in accordance with University guidelines and communicated to all personnel in order to ensure familiarity with and coordination between departmental personnel and emergency responders. In compliance with the University’s Emergency Response and Continuity of Operations Plans, departments are responsible for developing internal procedures to communicate with members of their departments.

3. Federal Directives


The Jeanne Clery Act Disclosure of Campus Security Policy and Campus Crime Statistics Act is a Federal statute requiring colleges and universities participating in Federal financial aid programs to maintain and disclose campus crime statistics and security information. The Clery Act defines the specific responsibilities for colleges and universities to make the University community aware of crimes that have occurred and necessitate caution on the part of students and employees and for providing annual reports on campus crime statistics. As required by the Act, “timely warnings” will be provided to the community in the event that a situation arises within the Clery Act defined geographic area that, in the
judgment of the Assistant Vice President for Public Safety/Chief of Police or designee, constitutes an ongoing or serious threat. Emergency notifications will also be provided to the campus community (or a segment of the community), upon confirmation by ODUPD personnel, of a significant emergency or dangerous situation occurring on campus that involves immediate threat to the health or safety of students or employees. Section F2(c) of this policy describes the methods used to provide emergency notifications.

The Assistant Vice President for Public Safety/Chief of Police will be responsible for gathering and publishing the Annual Security and Fire Safety Report and maintaining the Daily Crime Log as required by the Clery Act. This report contains safety and security related policy statements, statistics (covering the last three reporting periods from January 1 to December 31) on criminal incidents occurring within the Clery defined geographic area, hate crimes as defined by the Clery Act, Violence Against Women Act crimes, as well as the number of arrests and judicial referrals for alcohol, drug, and weapons violations. Fire safety information and fire statistics related to residential facilities are also published. The Assistant Vice President for Public Safety/Chief of Police must also distribute electronically a notice of the report’s availability to all current students and employees and make the report generally available to all prospective students and employees.

b. The Higher Education Act of 1965, as amended

University emergency management procedures comply with the provisions of the Higher Education Act of 1965, as amended, including statements of University policies for emergency response and publication of evacuation procedures, emergency communications and timely notifications in the event of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees occurring on campus, and testing of emergency evacuation procedures on an annual basis. Emergency response and evacuation procedures are located in ODU Crisis and Emergency Management Plan.

c. Campus Fire Safety Right-to-Know Act (as included in The Higher Education Opportunity Act)

Annual fire safety reporting to the University community, prospective students and the Department of Education is required. The annual fire safety report will include both data from a log of fire-related events over the last two years as well as other campus fire safety information. Statistics will be collected by the University’s Office of Fire Prevention and reported to the ODUPD for inclusion in the Annual Security and Fire Safety Report and filing with the Department of Education.

4. Facilities Design Standards and Building Access Control

Security and access control design standards have been developed for new and renovated buildings owned by the University. Designs are reviewed by the ODU Public Safety/Security Technologies Services Unit for compliance with security requirements. The Security Technologies Services Unit will also evaluate Housing and Residence Life security measures to ensure that adequate security protocols are in place for student housing facilities. Entrances to student housing facilities shall be locked at all times. Exterior doors in all student housing facilities shall remain locked except in those buildings that house University offices. In addition, exterior entrances are allowed to be unlocked during official move-in hours each fall. Residents of the building and their escorted guests, as well as authorized persons, access
the building by utilizing the card access system.

Academic and administrative facilities are typically open to the public during operating hours and are secured after operating hours and during extended breaks.

5. **Emergency Management Plans**

Old Dominion University’s emergency management plans and programs address prevention, mitigation, preparedness, response and recovery. The plans provide flexible organizational frameworks for incident/emergency/event management structures, emphasize preparedness, and identify interdependencies of functional areas and external partners.

G. **RECORDS RETENTION**

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. **RESPONSIBLE OFFICERS**

Dean of Students and Associate Vice President for Student Engagement & Enrollment Services
Assistant Vice President for Public Safety/Chief of Police
Associate University Counsel
Assistant Vice President for Strategic Communication and Marketing

I. **RELATED INFORMATION**

The Handbook for Campus Safety and Security Reporting, U.S. Department of Education
Board of Visitors Policy 1530 – Code of Student Conduct
University Policy 1005 – Discrimination Policy
University Policy 1020 – Closure of the University Due to Inclement Weather and Emergencies
University Policy 3200 – Use of Facilities and Grounds
University Policy 3223 – Environmental Health and Occupational Safety
University Policy 6603 - University Drug and Alcohol Policy
Terms and Conditions of the Housing and Dining Agreement
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:
/s/ Don Stansberry ___________________________ June 19, 2019 ______________
Responsible Officer Date

/s/ Rhonda Harris ___________________________ July 11, 2019 ______________
Responsible Officer Date

/s/ James D. Wright ___________________________ May 20, 2019 ______________
Responsible Officer Date

/s/ Giovanna Genard ___________________________ July 11, 2019 ______________
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:
/s/ Donna W. Meeks ___________________________ October 23, 2018 ______________
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:
/s/ Gregory DuBois ___________________________ July 25, 2019 ______________
Responsible Oversight Executive Date

University Counsel Approval to Proceed:
/s/ R. Earl Nance ___________________________ July 31, 2019 ______________
University Counsel Date

Presidential Approval:
/s/ John R. Broderick ___________________________ August 1, 2019 ______________
President Date

Policy Revision Dates: September 28, 2011; May 16, 2013; August 1, 2019

Scheduled Review Date: July 31, 2024
A. PURPOSE

The purpose of this policy is to minimize the risk of harm to minors, to limit the potential liability of the University, its faculty, staff and students, and to establish compliance with Virginia Code Section 63.2-1509 requiring persons employed by an institution of higher education to report certain injuries to children (minors). As such, this policy establishes guidelines for the appropriate supervision of minors who are involved in University-sponsored programs held at the University or other locations controlled by the University as defined by the Clery Act. This policy also establishes guidelines for minors in the classroom and the workplace in order to minimize potential liability to the University, risk of harm to minors, and decreased employee productivity due to distractions and disruptions.

B. AUTHORITY


Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 2.2-1201.1, as amended, allows a state agency to require criminal background checks for persons in sensitive areas.

Code of Virginia Section 63.2-100, as amended, provides the definition of an abused or neglected child.

Code of Virginia Section 63.2-1509, as amended, requires that certain injuries to children be reported by physicians, teachers, etc., including any person employed by a public or private institution of higher education.
Virginia Department of Human Resource Management Policy 2.10 - Hiring, provides guidelines for an efficient and consistent competitive hiring process that promotes equal employment opportunity and a highly effective workforce.

Presidential Policy Directive 21 in conjunction with DOJ Memorandum January 30, 2016 on Use of National Crime Information Center, establishes the national policy on critical infrastructure security and resilience and led to the DOJ establishing visitor screening policies and procedures for critical infrastructure and operations.

C. DEFINITIONS

Abuse or Neglect of a Minor – Has the same meaning as defined in Code of Virginia Section 63.2-100.

Authorized Adult – A designation given to any person over the age of 18 who has completed the Authorized Adult Information and Disclosure Form, the Authorized Adult on-line training program and cleared a criminal and sex offender background check authorizing them to assume child welfare responsibilities over minors.

Child Welfare - Child welfare as used in this policy means ensuring that children are safe from both physical and emotional abuse and/or neglect.

Criminal Background Check – A report that includes criminal felony and misdemeanor court records searches based on social security trace, a national sex offender registry search, as well as other appropriate sources of background information. For this policy it also refers to a background check using an FBI approved system to query the NCIC database.

Independent Contractor – As used in this policy, independent contractor refers to those non-university related individuals contracted as youth program staff or outside organizations contracted to produce and manage youth programs for the benefit of the University.

Mandated Reporter – Under Code of Virginia Section 63.2-1509, youth program staff (excluding students), University employees and volunteers are mandated reporters should they become aware of child abuse or neglect. See “Youth Program Staff” defined below.

Minor – A person under the age of 18 who is not enrolled or accepted for enrollment in credit-granting courses at the University. Students dually enrolled in University credit-granting courses while also enrolled in elementary, middle or high school courses are not included in this policy unless such enrollment includes overnight housing in University facilities.

Participant – A minor enrolled in or attending a youth program.

Sponsoring Unit - The academic or administrative unit of the University that offers a youth program or gives approval for housing or use of facilities pursuant to University 3200, Use of Facilities and Grounds.

Student Support Staff – Those ODU students in unpaid support roles within youth programs not having child welfare responsibilities over participants. See definition of “Youth Program Staff” for paid student employees.

University Facilities - Buildings, structures, and parking lots owned or leased by the University.
Volunteers – Individuals who offer their service in support of a youth program without compensation (not including student volunteers). Current University employees may volunteer services when they are not the same type of duties for which the University employs the individual and are freely given without pressure from the University.

Youth Program – An event or activity attended by minors offered by the University, or by non-University groups or organizations on University-owned or controlled property, during which program staff have child welfare responsibilities over minors. This includes, but is not limited to, on campus and off-campus workshops, services, camps, conferences, campus visits, internships, projects, and similar activities. For this policy, youth programs do not include (a) events on campus open to the general public that minors attend at the sole discretion of their parents or guardian; (b) events where parents or guardians are explicitly required to accompany their children; and (c) programs where minors may be involved in University research as approved by the Institutional Review Board for human subject research.

Youth Programs Coordinator - An individual designated by the University to develop procedures to implement this policy and best practices for the protection of minors involved in University sponsored activities involving minors, and to provide coordination, training, and monitoring in order to promote the effective implementation of this policy.

Youth Program Director – The person(s) designated as an authorized adult having primary and direct operational responsibility for participant child welfare, the oversight and management of a program, its youth program staff, and student support staff.

Youth Program Staff – Those individuals who have been cleared by the youth program coordinator, being 18 years of age or older, who interact with, supervise, chaperone, or otherwise oversee minors in activities that are part of a program as defined above. This includes, but is not limited to, employees, volunteers, interns, paid student employees, graduate assistants and independent contractors. For this policy, ODU students in unpaid support roles within programs are not considered program staff.

D. SCOPE

This policy applies to all Old Dominion University employees, students, volunteers, affiliated organizations and their employees, independent contractors and their employees, visitors and external organizations that interact with minors in University-run or sponsored youth programs or activities on University owned or controlled property. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, unaffiliated organizations, employees, guests and volunteers of unaffiliated organizations, and all other persons located on property owned, leased, or otherwise controlled by the University. This policy does not apply when the University is an invitee of another organization.

E. POLICY STATEMENT

Old Dominion University is committed to the safety of all individuals in its community. The University has particular concern for minors and those who are potentially vulnerable and require
special attention and protection. This policy establishes guidelines for those in the University community who may work or interact with minors with the goal of promoting the safety and wellbeing thereof.

In addition, Old Dominion University believes in an environment that is conducive to work; therefore, the workplace shall not be used in lieu of childcare. Office and work space is not designed with the safety of minors in mind. There are safety hazards and possible University and supervisory liability in the event of accident or injury. Although the University strives to be a family-friendly environment, it is not appropriate to bring minors to work as a substitute for arranging for regular childcare while at work.

Minor children and family members are welcome during University-sponsored events intended for children, families or community participation.

F. PROCEDURES

1. Youth Program Staff Training, Conduct and Other Requirements

   Youth program staff are required to comply with all applicable laws, University policies and guidelines established in the Minors on Campus Program Manual. Youth program staff younger than 18 years of age may be employed or volunteer if all State and Federal laws are followed, however, they must not have sole or unsupervised custodial care of a minor.

   Youth program directors must ensure that youth program staff who will be responsible for child welfare of minors have received the Authorized Adult designation prior to their employment/volunteering in the youth program. Copies of training records for all authorized adults must be forwarded to and retained by the Youth Program Coordinator.

   Youth programs offered by non-University groups or organizations holding events on University property or that use University facilities must ensure that their youth program staff who have child welfare responsibility over minors (and anyone who supervises youth program staff) will comply with the Minors on Campus Program Manual.

   The guidelines established in the Minors on Campus Program Manual for training, conduct, and other program requirements must be followed.

2. Criminal Background Checks

   Criminal background checks are required for all youth program staff with child welfare responsibilities of minor participants. This requirement applies for University and non-University groups. The guidelines established in the Minors on Campus Program Manual for criminal background checks must be followed.

3. Insurance Requirements for Non-University Groups or Organizations

   Non-University groups or organizations must provide a certificate of insurance evidencing general liability insurance in the requisite amount and coverage in accordance with the guidelines established in the Minors on Campus Program Manual.

4. Reporting Suspected Abuse and Neglect
All University employees and youth program staff must immediately report suspected instances of abuse or neglect of any person under 18 years of age to the Virginia Child Abuse and Neglect Hotline, 800-552-7096, as well as to their supervisor and/or University Police in accordance with the guidelines established in the Minors on Campus Program Manual. Failure to report may expose individuals to criminal sanctions under Code of Virginia Section 63.2-1509.

5. Minors in the Workplace and Classrooms

   a. There may be occasions when brief visits to the workplace by minors are necessary. These visits are at the supervisor’s discretion and the employee should receive prior permission before bringing a minor to the workplace. In these circumstances, minors will be the responsibility of the employee while in the workplace.

   b. Supervisors may make an exception for a temporary, unforeseen emergency, but no employee may have a minor in the workplace without the supervisor’s permission or use the workplace as an alternative to childcare or for any other purpose. As necessary, supervisors may grant leave or flexible hours, at their discretion, in order for employees to deal with emergency or unforeseen circumstances.

   c. Employees and supervisors must consider issues of safety, confidentiality, disruption of operations, disruption of services, disruption to other employees, appropriateness and liability posed by the presence of the minors in the workplace.

      i. Unsupervised minors are not allowed into an area that is potentially hazardous.

      ii. Minors exhibiting symptoms of potentially contagious illnesses are not to be brought into the workplace.

   d. Department chairs may make exceptions to allow a faculty member or teaching assistant to bring his or her child to class.

   e. Faculty members and teaching assistants may grant students permission to bring their minor children to class in accordance with the policy on Class Attendance by Guests.

   f. Faculty members, teaching assistants and staff may grant students permission to bring their minor children to appointments or meetings.

G. RECORDS RETENTION

   Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICERS

   Director of Risk Management

I. RELATED INFORMATION

   University Policy 1005 – Discrimination Policy
   University Policy 3220 – Policy on the Use of Tobacco and Smoking-Related Products, and Electronic Cigarettes and Vaporizers
   University Policy 3223 - Environmental Health and Occupational Safety
University Policy 6501 – Workplace Violence Prevention Policy
University Policy 6603 – Drug and Alcohol Policy
Parking Rules and Regulations
Medical Treatment Authorization Form
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Robert Wells ___________________________ April 29, 2019
Responsible Officer
Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks __________________________ April 24, 2018
Chair, Policy Review Committee (PRC)
Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois ___________________________ May 3, 2019
Responsible Oversight Executive
Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ____________________________ April 29, 2019
University Counsel
Date

Presidential Approval:

/s/ John R. Broderick __________________________ May 3, 2019
President
Date

Policy Revision Dates: May 3, 2019

Scheduled Review Date: May 2, 2024
OLD DOMINION UNIVERSITY
University Policy

Policy #3015
UNMANNED AIRCRAFT SYSTEMS (UAS) aka DRONES, AERIALS AND OTHER
POWERED MODEL AIRCRAFT

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: February 14, 2018

A. PURPOSE

The purpose of this policy is to regulate the use of Unmanned Aircraft Systems (UAS) on
property owned, controlled or leased by the University or in the airspace above such property.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make
rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws
grants authority to the President to implement the policies and procedures of the Board relating
to University operations.

FAA Part 107 – Operation and Certification of Small Unmanned Aircraft Systems

FAA Part 333 - Specific Rules for Obtaining an Exemption Allowing Commercial UAS Flight

C. DEFINITIONS

333 Exemption – Section 333 of the FAA Modernization and Reform Act grants the Secretary of
Transportation the authority to determine whether an airworthiness certificate is required for a
UAS to operate safely in the National Aircraft System.

Academy of Model Aeronautics (AMA) – World’s largest model aviation association,
representing a broad membership, which is used as a frequent source for hobbyists to obtain
insurance coverage.

Certificate of Waiver or Authorization (COA) – An authorization by the FAA for the public
operation of unmanned aircraft (UA).

Commonwealth Risk Management Plan – The Commonwealth of Virginia’s self-insurance plan
covering state agencies, including Old Dominion University.
Control Station – A control station is a land- or sea-based control center providing for human control of unmanned aircraft.

Data Link – In UAS aviation, the data link is the command and control link between the remotely-piloted aircraft and the remote pilot station for the purpose of managing the flight.

Drones – See “Unmanned Aircraft.”

FAA Part 107 (107 or Small UAS Rule) – This rule establishes the operating and certification requirements to allow small unmanned aircraft systems (Small UAS) to operate for non-hobby and non-recreational purposes (Business Use). Part 107 eliminates the need for a COA or 333 Exemption in most cases.

FAA Section 336 of Public Law 112-95 (used herein as 336 or Hobbyist Rule) – This rule is established to allow non-commercial use of Small UAS to be flown by pure hobbyists for recreational purposes.

Institutional Review Board – a federally required committee that reviews research, using Federal standards, for the protection of human subjects.

Model Aircraft – An FAA registered unmanned aircraft that is (1) capable of sustained flight in the atmosphere, H. R. 658-68; (2) flown within visual line of sight of the person operating the aircraft; (3) flown for hobby or recreational purposes; and (4) weighs less than 55 pounds.

National Air Space (NAS) – Air space controlled by the Federal Aviation Administration (FAA).

Operator’s Permit – A document issued by the Office of Risk Management authorizing use of a UAS that should be in the possession of the operator while operating the UAS.

Part 61 – The administrative authorization section of the FAA allowing general aviation and private pilot licensing. Those pilots with a current Part 61 authorization are granted permission to act as a Remote Pilot in Command (RPIC) for UAS without additional certification.

Remote Pilot in Command (RPIC) – An authorization available through the Small UAS Rules to allow an operator of Small UAS to become licensed to pilot Small UAS in most circumstances.

Small UAS – An unmanned aircraft weighing between .5 pounds and 55 pounds and equipment necessary for the safe and efficient operation of that aircraft.

Unmanned Aircraft (UA) – A device used or intended to be used for flight in the air that has no onboard pilot. UAs do not include traditional balloons (see 14 CFR Part 101), rockets, tethered aircraft and un-powered gliders. It includes but is not limited to drones, aerials, multi-rotors, fixed wing, tilt-wing, and vertical take-off landing vehicles.

Unmanned Aircraft Systems (UAS) – An unmanned aircraft and its associated control station (ground, ship, or air-based) and data link used for non-recreational purposes. Additional elements may include support equipment, payloads, flight termination systems, and launch-recovery equipment.
D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include media, vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

Old Dominion University is an accredited institution with interest in the study, use, and development of Unmanned Aircraft Systems (UAS) and to do so is required to operate in compliance with Federal Aviation Administration (FAA) UAS regulations and guidelines.

Anyone desiring to operate a UAS under the Small UAS Rules, Hobbyist Rules or the 333 COA Exemption on property owned, controlled or leased by the University or in the airspace above such property is required to submit a completed Unmanned Aircraft Systems (UAS) Request Form to the Office of Risk Management in order to obtain an operator’s permit.

Those applying for an operator’s permit are required to comply with the FAA’s UAS regulations. Issuance of an operator’s permit by Old Dominion University does not waive or release an operator from FAA compliance and any legal liability assumed through the operation of a UAS.

University UAS operators issued a permit must present the permit along with a copy of their University ID or other government-issued photo ID to any University employee or member of the University Police Department upon request. Failure to do so may result in the revocation of the operator’s permit and immediate cessation of operation of the UAS on property owned, controlled or leased by the University or in the airspace above such property. University employees who encounter a UAS operator who fails to provide a permit upon request should contact the Director of Risk Management or (if not within normal business hours) the Department of Public Safety.

F. PROCEDURES

1. UAS Approval Committee

A UAS Approval Committee (UAC) consisting of representatives from the Office of Risk Management, Office of Environmental Health and Safety, ODU Police Department, Office of Emergency Management, College of Engineering and Technology, and Office of University Counsel (ex officio) will be established to approve all applications requesting authorization to operate a UAS under the Small UAS Rules or Hobbyist Rules.
The UAC will review applications for an operator’s permit for compliance with this policy, FAA regulations and established guidelines. If the application is deemed to request operation within established Small UAS Rules, regulations and guidelines, the UAC or its delegate will issue a permit for the operation of the UAS with a Remote Pilot in Command (RPIC).

The UAC will develop and provide guidance to students, faculty and staff on the following FAA requirements:

a. UAS and model aircraft operations
b. Small UAS licensing as RPIC
c. Legal liability assumed by operation of UAS on property owned, controlled or leased by the University or in the airspace above such property

The UAC is authorized to delegate day-to-day oversight of management of this policy, including approval and issuance of UAS operator’s permits, to the Director of Risk Management for those applications meeting standards established by the UAC, subject to UAC ratification. Those applications falling outside established standards will be presented to the members of the UAC for review, approval, rejection or request for modification.

2. Notification to FAA Aircraft Control Towers and Heliports

In compliance with the Small UAS Rules, the Director of Risk Management is authorized to issue notification to any airports and heliports within five miles of property owned, controlled or leased by the University, including but not limited to, NAS Norfolk, Norfolk International Airport, Sentara Norfolk Heliport, Langley Air Force Base, and others as required, informing them of Old Dominion University’s intention to permit the operation of UAS within the airspace of its borders.

3. Rules Waivers

The Small UAS Rules contain operational limitations that may be waived upon application to the FAA for a waiver demonstrating the operation can be safely conducted under the terms of a certificate of waiver. Should the application for any Small UAS Rules waivers not be approved by the FAA, a 333 exemption or a Certificate of Waiver or Authorization (COA) might be required. The UAC or its delegate will advise the applicant if either is required. Should a 333 exemption or COA be required, the requesting department will be responsible for making application for it with assistance from the Office of Risk Management.

4. Obtaining Remote Pilot In Command (RPIC) Licensing

In most cases UAS operators flying under the Small UAS Rules are to become licensed as an RPIC. The following licensing guidance on becoming an RPIC is offered:

a. Becoming a Pilot
b. Study Materials: Advisory Circular, Remote Pilot Airman Certification Standards
c. Sample Knowledge Test

Holders of a Part 61 license from the FAA who have had a review within two years may become an RPIC by taking the online course. Others may take the course as a study aid for meeting the requirements above.
5. Liability Insurance Requirements

Proof of aviation liability insurance shall be required for issuance of an operator’s permit.

a. The Director of Risk Management will arrange for aviation liability insurance for all University-owned UAS or those formally on loan to or leased by the University for the benefit of the University. The University department with the UAS will be responsible for the cost of this insurance.
b. All other UAS operators operating under Small UAS Rules, Hobbyist Rules or other FAA authorization are responsible for providing evidence of aviation liability insurance in the amount of not less than $2,000,000. Such evidence will be submitted with a copy of the operator’s RPIC license, or if under the Hobbyist rules, the operator’s FAA registration card or certificate, at the time of making application for a permit to operate a UAS on University property.
c. Hobbyist Operators can obtain the required aviation insurance from membership in the Academy of Model Aeronautics (AMA) or similar organizations.

6. UAS and Model Aircraft Operators Without a Permit

UAS and model aircraft operators found operating a UAS or model aircraft on University property without a permit will be asked to discontinue operations until an Unmanned Aircraft Systems (UAS) Request Form is submitted and a permit is issued.

7. Restrictions on UAS, Drones and Model Aircraft Operations

When operating a UAS for purposes of recording or transmitting visual images, operators must take all reasonable measures to avoid violations of areas normally considered private. Virginia State law §18.2-386.1 provides that a person has a reasonable expectation of privacy, making it unlawful to photograph someone without their consent where they would expect to have privacy. ODU has established these restrictions on UAS and model aircraft use:

a. Student groups requesting to race drones or other activities posing similar risks are to be referred to the ODU Student Drone Club for approval and management of the event. In all cases, established FAA regulations shall be followed.
b. Student indoor UAS/drone activity will be limited to the Old Dominion University Student Recreation Center and only during designated UAS/drone flying hours.
c. Use of UAS and model aircraft to conduct observational research may be subject to review by the Institutional Review Board (IRB) human subjects oversight. Investigators wishing to use UAS and model aircraft for this purpose should contact the University’s Office of Research to determine if such a review required.
d. UAS and model aircraft will not be used to monitor or record areas where there is a reasonable expectation of privacy in accordance with accepted social norms. These areas include, but are not limited to, restrooms, locker rooms, individual residential rooms, changing or dressing rooms, and health treatment rooms.
e. UAS and model aircraft will not be used to monitor or record residential hallways, residential lounges, or the interior of daycare facilities on property owned, controlled or leased by the University.
f. UAS and model aircraft will not be used to monitor or record sensitive institutional or personal information that may be found, for example, on an individual’s workspaces, computer or other electronic displays.
g. If images will be viewed or captured during the use of the UAS and model aircraft, additional information is required on the Unmanned Aircraft Systems (UAS) Request Form.

h. Photos and video will be limited to areas and subjects required to achieve the purposes identified in the UAS and Model Aircraft Application.

i. If identifiable images are captured, it is expected that reasonable safeguards will be used to protect the data.

j. If operating the UAS and model aircraft in a foreign country on property controlled or leased by the University, the operator shall verify with the international sponsor whether or not this activity complies with national and local laws.

8. Compliance

Failure to comply with this policy may result in revocation of an operators’ permit.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Public Safety/Chief of Police

I. RELATED INFORMATION

Federal Aviation Administration, Educational Use of Unmanned Aircraft Systems (UAS), May 4, 2016
Federal Aviation Administration, Summary of Small Unmanned Aircraft Rule (Part 107)
Federal Aviation Administration, UAS Comprehensive Plan, November 6, 2013
Federal Aviation Administration, Integration of Civil Unmanned Aircraft Systems (UAS) in the National Airspace System (NAS) Roadmap, 2013
Code of Virginia Section 8.01-40 - Unauthorized use of name or picture of any person; punitive damages; statute of limitations
Information Technology Standard 02.3.0 – Data Administration and Classification
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rhonda L. Harris  
Responsible Officer  
February 5, 2018

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  
Chair, Policy Review Committee (PRC)  
August 22, 2017

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois  
Responsible Oversight Executive  
February 12, 2018

University Counsel Approval to Proceed:

/s/ James D. Wright  
University Counsel  
February 12, 2018

Presidential Approval:

/s/ John R. Broderick  
President  
February 14, 2018

Policy Revision Dates:  February 14, 2018

Scheduled Review Date:  February 14, 2023
A. PURPOSE

The purpose of the policy is to encourage and protect individuals who in good faith report incidents that are illegal, fraudulent, abusive or contrary to applicable law and/or University policy, or simply not in the best interests of the University by preventing the threat and acts of retaliation against the reporting individual (whistleblower) in a protected disclosure.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Title 2.2, Chapter 30.1, as amended, Fraud and Whistle Blower Protection Act

Code of Virginia Section 2.2-310, as amended, Cooperation of state agencies and officers

C. DEFINITIONS

Adverse Employment Action – Includes, but is not limited to, failure to promote; adverse impact on compensation, termination, discharge, suspension, or demotion; other change in responsibilities, whether formal or informal; or other negative consequences.

Employee – All persons who were paid wages by Old Dominion University in any capacity at the time of the alleged improper activity.

Good Faith – Acting without malice and which the person making the report has reasonable cause to believe is true.

Protected Disclosure – Communication made without malice about actual or suspected wrongful conduct engaged in by a University employee, student, volunteer, agent, or contractor (who is not also the disclosing individual) based on a good faith and reasonable belief that the conduct has both occurred and is illegal, fraudulent, abusive, or otherwise wrongful under applicable law and/or University policy.
Retaliation – Any adverse action or credible threat of an adverse action taken by the University, or member thereof, in response to a whistleblower’s protected disclosure of University-related misconduct.

Student – Any person enrolled at the University at the time of the alleged improper activity.

Whistleblower – Any person who, in good faith, makes a protected disclosure to one or more of the parties specified in this policy or to a regulatory or licensing agency.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, visitors, agents, and contractors. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University. Agents include persons authorized to represent, act on behalf of, and/or bind the University. Contractors include any persons who have entered a contractual relationship with the University for any person.

E. POLICY STATEMENT

The University prohibits any form of retaliation, intimidation, harassment, or adverse employment action against any member of the University community who makes a protected disclosure (commonly called a “whistleblower”).

The types of retaliation that are prohibited include, but are not limited to: (1) intimidation, (2) adverse actions with respect to the whistleblower’s grades, tuition assistance, work assignments, salary, vacation, and other terms of employment; (3) unlawful discrimination; (4) termination of employment; (5) adverse actions against a relative of the whistleblower who is a University employee or student; and (6) threats of any of the above.

The University encourages individuals who are aware of or have reason to suspect wrongful conduct to report the conduct immediately.

F. PROCEDURES

1. Filing of Complaints of Retaliation
   a. All classified employees of the University have the following options for reporting instances of retaliation:
      i. Use their reporting line. However, under no circumstances shall the individual alleging retaliation be required to file a complaint with the alleged offending party.
      ii. Contact the Department of Human Resources’ Employee Relations Manager.
iii. File a grievance in accordance with University Policy 6602, Classified Employee Grievance Procedure.

iv. File a complaint with the Office of Institutional Equity and Diversity.

v. A classified employee may also ask the Virginia Department of Employment Dispute Resolution (EDR) to investigate allegations of retaliation as a result of the use of reporting, in good faith, an allegation of fraud, waste or abuse to the State Employee Fraud, Waste and Abuse Hotline.

b. All complaints of retaliation in response to allegations of research misconduct shall be reported to the University’s Research Integrity Officer.

c. Complaints made by any other party should be filed with the Office of Institutional Equity and Diversity.

d. Claims must be filed within 30 days of the alleged retaliation. In instances where more than one act of retaliation is claimed, only instances where the retaliatory act has taken place within 30 days of the filing of the complaint may be considered.

i. The following information must be included in a written complaint:

   (a) Name of any individual(s) who may be involved in the alleged retaliation;
   (b) Description of the alleged retaliation;
   (c) Times, dates, places, departments, and names of people relevant to the alleged retaliation;
   (d) Any evidence relevant to the alleged retaliation; and
   (e) Any other information that might be relevant to someone trying to address the alleged retaliation.

ii. The Office of Institutional Equity and Diversity shall investigate all complaints of retaliation within 30 days of receipt and issue the findings and recommended course of action to the appropriate party with a copy provided to the complainant. If an investigation of a complaint exceeds 30 days from the date of receipt, the Office of Institutional Equity and Diversity shall notify the parties in writing of the progressive status of the investigation and the proposed extension of time needed for completion of the investigation.

   (a) In all cases that involve complaints against teaching and research faculty, the findings and recommendations shall be reported to the Provost and Vice President for Academic Affairs.
   (b) In all other cases, the findings and recommendations shall be reported to the Vice President for Human Resources.

iii. The Office of Institutional Equity and Diversity shall monitor implementation of the recommended course of action.

iv. A person found in violation of this policy may appeal to the President or the President’s designee within 30 days of the finding of retaliation.
(a) A finding that no retaliation occurred may not be appealed.  
(b) The right to and method of appeal shall be included in the documentation of findings.

2. Required Cooperation

To the greatest extent allowed by law, policy, and contract, all individuals are required to cooperate and provide requested information to University personnel authorized under this policy or procedures enacted to implement this policy, and/or to investigate and determine the merits of reports of violation and/or complaints of retaliation. Any individual in violation of this policy is subject to action deemed appropriate by the University, which may include discipline up to and including termination from the University.

3. Protection Against Retaliation

No one may intimidate, harass, discriminate or in any way retaliate against a person who makes a protected disclosure. Any person, however, who knowingly files a false report will be subject to the appropriate disciplinary process.

4. Confidentiality

The University takes seriously its responsibility to enforce this policy, and therefore encourages any person reporting a concern to identify him or herself so as to facilitate any resulting investigation. Notwithstanding the foregoing, in reporting a concern, University representatives can request that their report be treated in a confidential manner (including that the University takes reasonable steps to ensure that the identity of the reporting person remains anonymous). Concerns may also be reported on an anonymous basis through the Discrimination Complaint Form.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Institutional Equity and Diversity

I. RELATED INFORMATION

United States Office of Research Integrity – Guidelines for Institutions and Whistleblowers  
PHS [Public Health Services] Policies on Research Misconduct (42 C.F.R. 93)  
Board of Visitors Policy 1426 – Policy, Procedures and Timeline for Responding to Allegations of Misconduct in Scientific Research and Scholarly Activity  
Board of Visitors Policy 1530 – Student Disciplinary Policies and Procedures  
University Policy 1002 – Code of Ethics  
University Policy 3003 – Detection, Investigation and Reporting on Fraud and Misuse of University Property/Funds
Where to go with issues or concerns:

- Old Dominion University Department of Human Resources
- Office of Institutional Equity and Diversity
- Office of the University Auditor
- The State Employee Fraud, Waste, and Abuse Hotline, 1-800-723-1615
- The Virginia Office of Employment Dispute Resolution (EDR)
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ ReNeé S. Dunman  August 2, 2018
Responsible Officer

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  March 27, 2018
Chair, Policy Review Committee (PRC)

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  August 7, 2018
Responsible Oversight Executive

University Counsel Approval to Proceed:

/s/ R. Earl Nance  August 7, 2018
University Counsel

Presidential Approval:

/s/ John R. Broderick  August 9, 2018
President

Policy Revision Dates:  July 12, 2010; August 9, 2018

Scheduled Review Date:  August 9, 2023
OLD DOMINION UNIVERSITY
University Policies and Procedures

3111 - FEE WAIVERS FOR FULL-TIME FACULTY, STAFF AND DEPENDENTS

Statement: Fees for admission applications and transcripts for full-time faculty, staff, and their dependents are waived.

Responsibility: Vice President for Administration and Finance

Authorization: Roseann Runte, President

Date: October 1, 2003
A. PURPOSE

The purpose of this policy is to promote the use of the University's facilities and grounds in a manner consistent with the University's mission and to outline the responsibilities in the use of the University's facilities and grounds.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution.

Code of Virginia Section 23.1-401, as amended, entitled “Restrictions on Student Speech; limitations (which was enacted by the 2014 General Assembly and will be added to the Code of Virginia, effective July 1, 2014), states, “Public institutions of higher education shall not impose restrictions on the time, place, and manner of student speech that (i) occurs in the outdoor areas of the institution's campus and (ii) is protected by the First Amendment to the United States Constitution unless the restrictions (a) are reasonable, (b) are justified without reference to the content of the regulated speech, (c) are narrowly tailored to serve a significant governmental interest, and (d) leave open ample alternative channels for communication of the information.

Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Board of Visitors Policy 1001 – The Mission of the University

C. DEFINITIONS

Facilities - Buildings, structures, and parking lots owned or leased by the University.

Grounds - All property that is owned or leased by the University that is not considered a building, structure, or parking lot.

Non-University Groups - Groups or individuals without an official affiliation to the University seeking to use facilities/grounds for a purpose unrelated to the University's mission.

Space - The area inside a facility or defined area of grounds.
Technology Classrooms – Classrooms managed by Classroom Central that are equipped with computers, laptop connections, data projectors, and sound systems.

University Sponsor - A University group, registered student organization, student, or University employee. It is the sponsor's responsibility to review the content of the event, the qualifications of those conducting the event, the manner of the presentation, and, on behalf of their department, agree that an event is consistent with this policy.

D. SCOPE

This policy applies to all employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The use of University facilities and grounds, either owned or leased, must be consistent with the mission of the University and the general nature of the facility. The academic work of the University will hold a primary place in the use of facilities, and all uses for other purposes must be arranged so as not to hinder or adversely affect academic activities.

While fee-based use by non-University groups is permitted in limited circumstances, their use must be consistent with the mission of the University and have a University group sponsor. Fee-based commercial use will not be permitted unless the use is clearly consistent with the mission of the University.

All users must abide by applicable laws, regulations, and policies.

The University promotes the lawful exercise of First Amendment freedoms or rights as set out in University Policy 1700, University Demonstrations Policy.

Consideration for approving the use of the space will include whether the requested space is suitable for the use, and any health and safety concerns that require special precautions or arrangements. Several factors will be considered for the proposed use including, but not limited to:

- The purpose of the space;
- The anticipated size, including the number of attendees;
- Noise likely to be generated;
- The impact on University educational activities or other essential University processes;
- The impact on vehicular and pedestrian traffic;
- Adequacy and suitability of accommodations provided in the requested location;
- Compliance with applicable laws and University policies, regulations, and rules;
- Potential risk to the health or safety of participants, observers, or others.
All uses of space must be conducted under the following conditions.

- All activities are conducted so that campus pedestrian, bicycle, and automobile traffic are unimpeded and members of the University community not participating in the event may proceed with their normal activities.
- The activity does not block or otherwise interfere with ingress and egress into, within, and out of University buildings.
- The activity does not obstruct, disrupt, interrupt, or attempt to force the cancellation of any University-sponsored event or activity, or by users authorized to use University space.
- The activity is conducted in an orderly and peaceful manner, and groups and individuals participating in the activity shall not engage in harassing, physically abusive, threatening, or intimidating conduct toward any person.
- The activity does not disrupt or interfere with classes, meetings, ceremonies, scheduled activities, educational activities, and other essential University processes.
- The activity does not interfere with or preclude a scheduled speaker from being heard.
- All activities must be conducted without sound amplification equipment unless permission for amplification is obtained from the Responsible Administrator or their designees.
- Banners, signs, or other materials may only be posted in designated areas.
- The safety of members of the campus community, collectively and individually, must be protected at all times.
- The activity shall not damage University property or its grounds, including building interior and exteriors, lawns, shrubs, or trees.
- Groups and individuals participating in the activity must comply with the directions of University officials when enforcing these provisions.
- Responsible parties/sponsor must have a representative present at the event. All event registrations must include the name and contact information of the sponsor.
- Any University or non-University sponsors of an event involving minors must adhere to the Minors on Campus Policy.
- Groups and individuals, including sponsoring organizations, are responsible and accountable for the cleanliness and order of all spaces following their use, including the proper disposal of trash and recycling and the arrangement of additional services as needed. The groups and/or individuals will be billed for cleanup that they do not adequately complete themselves.

Only University groups can reserve and use outdoor University space for activities during University reading days and final examinations. All other groups or individuals are not allowed to reserve or use outdoor space for activities on these days.

Groups and individuals participating in the activities, whether sponsored or not, are accountable for compliance with the provisions of this policy. Violations of this policy may be grounds for disciplinary action. Individuals or groups who invite non-University participants may be held accountable for such participants’ compliance with this policy. In addition, since non-University individuals or groups are not subject to the University’s disciplinary procedures, their failure to comply with these provisions may result in appropriate action under State or Federal law, including but not limited to trespassing an individual or group.
F. PROCEDURES

1. University Space Committee

The University’s Space Committee is chaired by the Provost and Vice President for Academic Affairs and includes the Vice Presidents for Administration and Finance, Student Engagement & Enrollment Services, Research, Human Resources and University Advancement. The University Space Manager will act as the administrative arm of the Committee and will develop internal procedures as directed by the Committee and published in the University’s Space Management Policy Manual.

The Space Committee is charged with assessing the space needs of the University and assigning facilities and grounds space based on the following categories: academic, research, administrative, student housing, athletic, recreational sports, or other. The facilities and grounds, once categorized, will be assigned to management as listed below.

a. Academic Space

Academic space is assigned to the Provost and Vice President for Academic Affairs in support of the University’s instructional mission. Academic space, other than classrooms, is then reassigned by the Provost and Vice President for Academic Affairs to the Deans of the Colleges, as appropriate.

Technology classrooms are the scheduling responsibility of the University Registrar. The University Registrar will develop procedures to reserve and efficiently manage the University’s classrooms and publish the procedures each term. The University Space Manager will ensure compliance with the State Council for Higher Education in Virginia’s (SCHEV) Standards for the Utilization of Instructional Classroom and Instructional Laboratory Space.

The procedure for reserving technology classrooms for use other than classes is as follows.

i. Faculty can submit requests for temporary use of space to their Departmental Scheduling Coordinator, who sends the request to scheduling@odu.edu directly to book rooms.

ii. Students affiliated with registered student organizations must contact the Office of Student Engagement and Traditions to reserve classroom space.

Rooms other than the technology classrooms are controlled by the Dean of the College in which a space resides.

Additions to or deletions from the University’s inventory of instructional classroom and instructional laboratory space will be the responsibility of the University’s Space Committee.

b. Research Space

Research space is assigned to the Vice President for Research in support of the University’s research mission. The University’s research space is then reassigned by the Vice President for Research to the Deans of the Colleges, when appropriate.
c. **Administrative Space**

Administrative space is assigned to administrative units across the University. Once assigned, administrative space will be managed by the Vice President for the administrative unit to which it is assigned.

d. **Student Housing**

Student Housing is assigned to the Vice President for Student Engagement & Enrollment Services and reassigned to the Associate Vice President over Housing & Residence Life. Assignment of individual students to housing is governed by the Terms and Conditions of the Housing and Dining Agreement.

Student Housing may also be used to house visitors attending conferences, camps, or other activities. The Office of Housing & Residence Life manages overnight accommodations and issues policies and procedures for their use.

e. **Athletic Space**

Athletic space will be under the supervision of the Athletic Director and will include all athletic fields and facilities owned or leased by the University, whether located on or off campus. While the use of these facilities and grounds by student-athletes is the priority, the Athletic Director may permit use by others subject to the provisions of this policy. Requests for these spaces should be directed to the Associate Athletic Director of Operations for information.

f. **Recreational Sports Space**

Recreational sports space is the space located in the Student Recreation Center (other than classroom space) where students and employees are permitted access to the pool, certain sports activity areas and equipment to promote the physical health of the students and employees. This space shall be under the direct administration of the Vice President for Student Engagement & Enrollment Services and the supervision of the Director of Recreation and Wellness.

g. **Other**

Other space includes, but is not limited to arts facilities, Webb University Center, Perry Libraries, Student Success Center, Ted Constant Convocation Center, and outdoor space. Policies for the use of these spaces/areas are established by the departments/units to which they are attached.

2. **Approval of Use of Facilities and Grounds by Non-University Groups**

Authority to approve the use of facilities and grounds by non-University groups rests with the responsible Vice President or designee.

Use of space by a non-University group or individual must be sponsored by a University group, registered student organization, student, or University employee. A representative from the University sponsor is required to be present for the event from start to finish and must provide a mobile phone number in case they need to be contacted during the use.
The sponsor for a non-University group seeking to utilize University academic space must submit a Space Request Form to the Assistant Vice President of Facilities Management & Construction (AVP FMC) who will determine the availability of the space requested and the level of support required (typically housekeeping and utilities) and if there will be a charge for such services.

The AVP FMC will then forward the recommendation to the Vice President for Administration & Finance for final determination. The approval/disapproval will then be communicated to the sponsor. If approved, the Dean(s)/department heads (for College or departmentally controlled rooms) or the Registrar Office (for Classroom Central rooms) will be notified so the space can be reserved.

If approved, the Director of Transportation and Parking Services will be notified to coordinate any parking requirements. The Assistant Vice President for Public Safety and ODU Police Department (ODUPD) will also be notified for their situational awareness. There may be a charge for ODUPD support as well.

Individuals seeking to hold a wedding on campus are to submit the [Outdoor Wedding Form](mailto:recwell@odu.edu).

Non-University groups permitted to use University-owned facilities or grounds may be responsible for reimbursing the University for expenses associated with utilities, supplies, cleanup, etc. See Facilities Management & Construction’s [Policy on Reimbursement of Costs Associated With the Use of Old Dominion University Facilities and Grounds By Non-ODU Related Organizations](#).

3. **Catering** – Use of University facilities and grounds shall be subject to the University’s exclusivity contract with its caterer.

4. **Posting or Display of Information**

Resources are provided throughout academic and administrative buildings on property owned or leased by the University for the purpose of posting or displaying information. These resources will be maintained by department heads or their designees located in the areas where they reside. Affixing items to doors, entrances, windows, building exteriors, or interiors (except as noted above), benches, poles, or trees; inserting yard signs in flower beds; or placing flyers on vehicles is prohibited and these items will be removed.

5. **Keys**

a. Residence hall keys are issued to student residents upon check-in and procedures are detailed in the [Housing & Residence Life Forms & Important Documents – Old Dominion University](#). Students are responsible for the cost of the key and rekeying the lock should they lose the key or fail to return the key at the end of the term of the agreement or upon early departure from campus. Fees associated with lost keys are published annually in the [Schedule of Tuition, Fees, and Service Charges](#).

b. Non-residential keys may only be issued to University employees and graduate students at the request of their supervisor, in accordance with the forms and procedures posted on Facilities Management & Construction’s website. Key requests must be submitted via the University’s key request system – [Building Access: Keys](#) – Old Dominion University. The AVP FMC or designee is responsible for maintaining a record of all keys issued. Keys
shall NOT be transferred to other employees/supervisors; when keys are no longer required, they must be returned to Facilities Management & Construction. Duplication of University keys by anyone other than a University locksmith is prohibited. Employees or their department may be responsible for the cost of the key(s) and rekeying the locks should they lose the key(s) or fail to return the key(s) to Facilities Management & Construction at the end of their employment or transfer to another department. Fees associated with lost keys are published annually in the Schedule of Tuition, Fees, and Service Charges.

Master keys will only be issued upon the additional approval of the Superintendent of the Structural Department, the Senior Director, and the AVP FMC. Locks may be changed in a University facility only upon the express authorization of the AVP FMC.

6. Permitting of Tents, Stages and Amusement Devices

The use of tents, stages and amusement devices is governed by State law, which requires that tents, stages and all “amusement devices” (including inflatables, gravity rides, bounce houses, go-carts, climbing walls, bungee jumping, etc.) are appropriately permitted and inspected. See Tents, Stages & Amusement Devices – Old Dominion University.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Facilities Management & Construction

I. RELATED INFORMATION

University Policy 1600 – Solicitation Policy
University Policy 3220 – Policy on the Use of Tobacco and Smoking-Related Products, and Electronic Cigarettes and Vaporizers
Monarch Catering Services
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Todd K. Johnson  May 4, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  February 22, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Chad A. Reed  May 5, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  May 9, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  May 10, 2022
President  Date

Policy Revision Dates:  December 1, 1988; September 11, 2003; August 4, 2014; May 10, 2022

Scheduled Review Date:  May 10, 2027
A. PURPOSE

The purpose of this policy is to set forth the University's restrictions on the use of tobacco and smoking-related products and electronic cigarettes and vaporizers.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 18.2-371.2, as amended, prohibits the purchase or possession of tobacco products, nicotine vapor products, and hemp products intended for smoking by a person under 21 years of age or sale of tobacco products, nicotine vapor products, alternative nicotine products, and hemp products intended for smoking to persons under 21 years of age.

Executive Order 41 (2006) bans smoking in offices occupied by executive branch agencies and institutions, including institutions of higher education.

C. DEFINITIONS

Tobacco and Smoking-related Products – All tobacco-derived or tobacco-containing products including, but not limited to, cigarettes, cigars, pipes, smokeless tobacco, and hookahs. It also includes any product intended to mimic tobacco products or the smoking of any other substance.

Electronic Cigarettes and Vaporizers – Battery-operated or electronic devices that simulate smoking and emit vapors.

D. SCOPE

This policy applies to all employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student
status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The use of tobacco and smoking-related products, and electronic cigarettes and vaporizers is prohibited in all facilities and vehicles owned or leased by the University.

The use of tobacco and smoking-related products, and electronic cigarettes and vaporizers is also prohibited within 25 feet of any part of any facility owned or leased by the University. Smoke or vapors must not be allowed to drift through opened windows, doors, or building fresh-air intakes. If buildings have an “overhang,” the 25-foot rule radius is measured from the outside perimeter of the “overhang.”

The use of tobacco and smoking-related products and electronic cigarettes and vaporizers is also prohibited in any other outdoor area where “No Smoking” signs are posted.

Smoking is also prohibited in state-owned or leased vehicles.

This policy does not supersede more restrictive policies that may be derived from and are in compliance with Federal, State, or local laws, ordinances, and regulations.

F. PROCEDURES

Guidelines

To enhance the implementation of these general policies, the following guidelines are established:

1. The use of tobacco and smoking-related products and electronic cigarettes and vaporizers is prohibited in all indoor and enclosed courtyard locations.

2. The use of tobacco and smoking-related products and electronic cigarettes and vaporizers is prohibited in all outdoor athletic facilities that are defined by a fence or wall and within 25 feet of fence or wall entrances.

3. The use of tobacco and smoking-related products and electronic cigarettes and vaporizers is prohibited in all University-owned or leased vehicles.

4. The use of tobacco and smoking-related products and electronic cigarettes and vaporizers is prohibited in any area in which a fire, safety or health hazard exists.

5. All combustible/flammable smoking materials (cigarette butts, matches, etc.) must be disposed of properly in a designated ash urn and not in a waste receptacle or thrown on the ground, flower beds, or mulched areas. Ash urns will be located in proximity to building entrances and anchored no closer than 25 feet from the side of a building.

6. Upon request from building occupants, "No Smoking" signage may be placed at seating areas that fall within 25 feet of a building.
Implementation

Implementation of this policy is the responsibility of the Assistant Vice President for Facilities Management & Construction and/or designee, and will include the following:

1. Approving and designating where the use of tobacco and smoking-related products and electronic cigarettes and vaporizers is allowed and prohibited; and

2. Displaying appropriate signage where and when necessary.

Enforcement

Enforcement of this policy depends on respect of the rights of, and cooperation among, all members of the University community. Complaints based on this policy and disputes arising from its implementation should be referred to the Director of Environmental Health and Safety.

University Vice Presidents and their designees have the overall responsibility for this policy in their areas, and shall inform faculty, staff, students, and visitors (including vendors and contractors) under their jurisdictions of the provisions of this policy.

All faculty, staff, students, visitors, and guests share the responsibility for the support and maintenance of a safe, healthful, and pleasant learning and working environment for the University community and for keeping the campus clean, attractive, and litter-free. Compliance with the policy helps to support a respectful, civil environment for the entire University community.

Violations of this policy may result in appropriate disciplinary action, as determined by the corresponding policy, handbook or guidebook referenced in Section I, Related Information.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Facilities Management & Construction

I. RELATED INFORMATION

Board of Visitors Policy 1530 – Code of Student Conduct
Teaching and Research Faculty Handbook
Adjunct Faculty Handbook
Administrative and Professional Faculty Guidebook
Classified Employee Guidebook
Wage Employee Guidebook
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Michael J. Brady ___________________________ February 28, 2022
Responsible Officer ____________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ____________________________ January 25, 2022
Chair, Policy Review Committee (PRC) __________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Todd K. Johnson ____________________________ March 1, 2022
Responsible Oversight Executive __________________ Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson ____________________________ March 2, 2022
University Counsel ____________________________ Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D. ____________________ March 3, 2022
President ________________________________ Date

Policy Revision Dates: December 1, 1988; April 26, 1993; December 1, 2001; August 1, 2007; August 4, 2014; March 3, 2022

Scheduled Review Date: March 3, 2027
A. PURPOSE

The purpose of this policy is to establish the responsibilities of maintaining a safe and healthy environment for members of the University community in all property owned, leased, or otherwise controlled by the University in order to meet the requirements related to environmental, occupational health, and safety regulatory standards.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Occupational Health and Safety Standards, U.S. Department of Labor, OSHA

U.S. Environmental Protection Agency, Laws and Regulations

Virginia Department of Environmental Quality

Virginia Department of Labor and Industry

Virginia Department of Health

Nuclear Regulatory Commission

C. DEFINITIONS

Environmental Health – The total of various aspects of substances, forces, and conditions in and about the University that affect the health and well-being of the population.

Occupational Safety – All aspects of health and safety in the workplace with primary focus on prevention of hazards.

Supervisor - The University employee with oversight responsibilities for faculty, staff, students, or volunteers.
D. SCOPe

This policy applies to all employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

Old Dominion University strives to maintain a safe and healthy living, learning, and working environment. Faculty, staff, students, and other members of the University community must conduct University operations in compliance with applicable Federal, State, and local laws and regulations and requirements of the Environmental Health and Safety Office. Supervisors are responsible for ensuring that compliance measures are met. This includes, but is not limited to, appropriate training, development and maintenance of standard operating procedures, and provisions for necessary safety equipment.

University-wide environmental health and occupational safety activities should include the following categories in order to be effective:

- Standard setting
- Coordination activities
- Auditing
- Reporting
- Monitoring
- Policy development
- Expansion of existing programs
- Development of new programs
- Enforcement

The University will adopt and employ best practices related to environmental health and safety programs whenever possible.

F. PROCEDURES

The Office of Environmental Health and Safety administers the following programs and works with other units, as appropriate, to coordinate environmental health and occupational safety initiatives.

- Asbestos Operation & Maintenance Program
- Bloodborne Pathogens Exposure Control Plan
- Chemical Hygiene Plan
- Confined Space Entry Program
- Hazardous Materials
- Hazard Communication Program
- Hearing Conservation Program
- Hot Work Safety Guide
- Regulated Medical Waste Guidelines
• Laser Safety Manual
• Lead Management Plan
• Lockout - Tagout Program
• Mold Management Plan
• Occupational Health Program/Communicable Disease Management
• Policies and Procedures for Using Controlled Substances in Research
• Radiation Protection Manual
• Respiratory Protection Program
• Spill Prevention, Control, and Countermeasures (SPCC) Plan
• Unlicensed Vehicle Safety Program

G. RECORDS RETENTION

Records documenting compliance with OSHA or Virginia (VOSH) regulations are retained for five years and then destroyed in accordance with the Commonwealth’s Records Retention and Disposition Schedule (Schedule 103, Series 200162).

H. RESPONSIBLE OFFICER

Director of Environmental Health and Safety

I. RELATED INFORMATION

University Policy 6051 – Return to Work Policy
Old Dominion University Office of Risk Management
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Douglas Alexander ______________________ February 16, 2022
Responsible Officer ______________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ______________________ February 8, 2022
Chair, Policy Review Committee (PRC) ______________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Todd K. Johnson ______________________ February 17, 2022
Responsible Oversight Executive ______________________ Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson ______________________ February 22, 2022
University Counsel ______________________ Date

Presidential Approval:

/s Brian O. Hemphill, Ph.D. ______________________ February 24, 2022
President ______________________ Date

Policy Revision Dates: August 16, 2001; November 13, 2016; February 24, 2022

Scheduled Review Date: February 24, 2027
OLD DOMINION UNIVERSITY
University Policy

Policy #3230
VEHICULAR ACCESS TO UNIVERSITY PROPERTY

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: February 14, 2018

A. PURPOSE

The purpose of this policy is to control vehicular access on University property in order to protect landscapes and other property from vehicles and other motorized/non-motorized equipment and devices and to promote safety.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Commercial Vehicles and Equipment – Vehicles or equipment, owned or operated by a commercial entity, on University property in support of University operations.

Electronic Personal Assistance Mobility Devices (EPAMDs) - Self-balancing two-wheeled devices with an electronic propulsion system, such as a Segway or a T-3. Hoverboards are not allowed on University-controlled property (see Policy 3231, Use of Bicycles, Skateboards and Personal Transport Devices on University Property).

Emergency Vehicles – Vehicles belonging to ODU Public Safety, Environmental Health & Safety along with Norfolk Fire and Police vehicles.

Grounds Vehicles and Equipment – Owned or operated vehicles and equipment used by the Facilities Management grounds workers or contractors

Landscapes – Property owned or leased by the University that is not paved and includes turf, flower beds and gardens on University property.

Pathways/Sidewalks – All outdoor paved, planked, graveled or other routes on University property or contiguous with University property that are not automobile right-of-ways, lots, garages or loading zones.
**Pedestrians** – Pedestrians include Individuals who are walking as well as those requiring medically-assistive mobility devices, including both motorized and non-motorized wheelchairs. The latter are not considered users of personal transport devices.

**Privately Owned Vehicles and Equipment** – Vehicles not owned by the University or commercial entities.

**Personal Transport Devices (PTDs)** – Generic term used to identify EPAMDs, roller skates/in-line skates, scooters, recreational devices and other variations of these devices that do not fall under strict definitions of bicycles or skateboards but must also abide by the rules set forth in this policy.

**Service Vehicles and Equipment** – Primarily University-owned vehicles and equipment (but may include contractor vehicles and equipment) belonging to Facilities Management, Transportation & Parking Services, and Athletics necessary to support the ongoing operations of the University.

**Skateboard** - A board of any length, regardless of the number of wheels in contact with the ground, that has no seat but is designed to be stood upon by the operator and propelled by human power.

**University Property** - Land and facilities that are owned by Old Dominion University or controlled by Old Dominion University via leases or other formal contractual arrangements to house ongoing University operations.

**University Vehicle** – Any vehicle owned by the University, including University Police vehicles, service vehicles, golf carts and other licensed or unlicensed vehicles or equipment.

### D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

### E. POLICY STATEMENT

The University strives to protect its grounds and landscapes as well as individuals by controlling vehicular access on University property. Emergency vehicles, service vehicles, and commercial vehicles (when permitted by the Office of Facilities Management) may operate on sidewalks but only as necessary in performance of job-related tasks. Otherwise, except where/when specifically authorized, vehicular traffic operating on University property will be restricted to areas designed to bear the weight of vehicles. Such property includes streets, parking lots and decks, designated loading docks, and driveways.

Sidewalks are intended primarily for the use of pedestrians. Bicycles, skateboards, personal transport devices (PTDs), University golf carts and other unlicensed vehicles, and Personal Assistance Mobility Devices (EPAMDs) are granted access to sidewalks but must yield to pedestrians.
F. PROCEDURES

1. Permitted and prohibited areas where vehicles may be operated:

   a. Pathways/sidewalks
      i. University and city pathways/sidewalks are primarily for the use of pedestrians.
      ii. Bicycles, EPAMDs, PTDs and University owned-golf carts and other unlicensed vehicles are also permitted, but operators must yield to pedestrians, operate their vehicles/devices in a manner that does not endanger themselves or others, and may not use landscapes for any purpose to include passing pedestrians or slower moving devices.
      iii. Emergency and service vehicles and equipment may operate on sidewalks in support of specific work assignments but operators must yield to pedestrians, operate their vehicles/devices in a manner that does not endanger themselves or others and may not use landscapes to pass pedestrians.
      iv. Privately owned vehicles and equipment shall not transit or park on University walks except as directed for residential move-in and move-out periods.
      v. Commercial vehicles shall not transit or park on University walks, unless an exception is provided (see c., Exceptions).

   b. Landscapes
      i. Grounds Department vehicles and equipment and Grounds Department contractors (for mission specific tasks) may operate vehicles on landscapes.
      ii. Emergency vehicles (in emergency situations) may operate on landscapes.
      iii. Service vehicles and equipment and commercial vehicles shall not transit or park on University landscapes or walks and may not use landscapes to pass pedestrians, unless an exception is provided (see c., Exceptions).
      iv. Privately owned vehicles and equipment shall not transit or park on University landscapes except as directed for residential move-in and move-out periods.
      v. No other vehicles, golf carts and other unlicensed vehicles, bicycles, PTDs or EPAMDs may operate on landscapes at any time. Cutting corners, using landscapes to pass pedestrians, etc. are prohibited activities.

   c. Exceptions

      When proximity to a job site is essential to the efficient completion of work and to the extent that service vehicles and equipment or commercial vehicles require access to facilitate loading/unloading materials, or when continued access to its contents is required, an exception is authorized, but only for the shortest period necessary. The Director of Facilities Management or designee (for pathways/sidewalks) or the designated project manager in the Office of Facilities Management (for landscapes) are responsible for designating the access/egress and parking location, with care being exercised to avoid/limit damage to University landscapes and walks. Consideration should be given to weather and ground conditions when permitting access. Exceptions may be requested via the Office of Facilities Management Maintenance Support Center.

      If an exception is granted, hang tags noting what access is permitted and for what duration will be issued. These hang tags are only for the purpose of granting an exception for the use of turf and sidewalks by commercial vehicles and equipment and not for use in any University parking lots or structures. Permits for use of parking lots and structures are distributed by the Office of Transportation and Parking Services.
2. **Damage to Landscapes and Facilities**

   Departments and contractors/vendors causing damage to University landscapes and property are financially responsible for repairs.

3. **Violations and Infractions**

   a. Vehicle operators found violating this policy may be subject to disciplinary action. University employees failing to provide adequate supervision of employees/contractors/vendors or failing to observe the requirements of this policy may also be subject to disciplinary action.

   b. All vehicles operated/parked on University property are subject to the University’s Parking and Traffic Procedures. The existing appeal procedures for parking regulations will apply.

G. **RECORDS RETENTION**

   Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. **RESPONSIBLE OFFICER**

   Director of Facilities Management

I. **RELATED INFORMATION**

   - Board of Visitors Policy 1450 – Faculty Sanctions
   - Board of Visitors Policy 1530 – Code of Student Conduct
   - University Policy 6600 – Standards of Conduct for Classified Employees
   - Office of Environmental Health & Safety - Unlicensed Vehicle Safety Program
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Michael J. Brady ___________________________ February 7, 2018
Responsible Officer                          Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ September 26, 2017
Chair, Policy Review Committee (PRC)          Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois _________________________ February 12, 2018
Responsible Oversight Executive                Date

University Counsel Approval to Proceed:

/s/ James D. Wright ___________________________ February 12, 2018
University Counsel                            Date

Presidential Approval:

/s/ John R. Broderick _________________________ February 14, 2018
President                                    Date

Policy Revision Dates: December 1, 1989; February 14, 2018

Scheduled Review Date: February 14, 2023
Policy #3231
USE OF BICYCLES, SKATEBOARDS AND PERSONAL TRANSPORT DEVICES ON UNIVERSITY PROPERTY

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: August 9, 2019

A. PURPOSE

The purpose of this policy is to establish standards for the operation of bicycles, skateboards and other personal transport devices to promote the safety and security of individuals and University property and to support an active transportation system.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 15.2-1720, as amended. Localities authorized to license bicycles, electric power-assisted bicycles, mopeds, and electric personal assistive mobility devices; disposition of unclaimed bicycles, electric power-assisted bicycles, mopeds, and electric personal assistive mobility devices

Code of Virginia Section 46.2-100, as amended. Motor Vehicles, Definitions

Code of Virginia Section 46.1-1078, as amended. Unlawful to operate motor vehicle, bicycle, electric personal assistive mobility device, electric power-assisted bicycle, or moped while using earphones

Code of Virginia Section 46.2-904, as amended. Use of roller skates and skateboards on sidewalks and shared-used paths; operation of bicycles, motorized skateboards or foot-scooters, motor-drive cycles, electric power-assisted bicycles, and electric personal assistive mobility devices on sidewalks and crosswalks and shared-use paths; local ordinances

Board of Visitor Policy 1602, Disposition of Abandoned or Unclaimed Property
C. DEFINITIONS

**Abandoned Property** – Property voluntarily relinquished or left by a person.

**ADA Accessibility Ramp** – Any ramp or inclined path used instead of stairs as the primary access to University grounds or facilities by individuals with accessibility needs (in compliance with the 2010 Americans with Disabilities Act).

**Bicycle** - A device propelled by human power, upon which a person may ride either on or astride a regular seat attached thereto, having one or more wheels in tandem. A bicycle is a vehicle when operated on the highway [roadways] (Virginia Code § 46.2-100, & -800 et seq.).

**BikeODU** – Located in the Outdoor Adventure Center inside the Student Recreation Center, Bike ODU is Old Dominion University’s bike rental program that is open to all students, faculty and staff members. The program works via a loan system where University community members “check out” a bike for free for one week at a time or for an entire semester for a nominal fee.

**Electronic Personal Assistance Mobility Devices (EPAMDs)** – A self-balancing two-wheeled device with an electronic propulsion system, such as a Segway or a T-3.

**Electric Power-Assisted Bicycle** – A vehicle that travels on no more than three wheels in contact with the ground and is equipped with pedals that allow propulsion by human power and an electric motor with an input of no more than 1,000 watts that reduces the pedal effort required of the rider (Virginia Code § 46.2-100).

**Electric Scooter**- A narrow platform mounted on tandem wheels with a handle to steer by turning the front wheel and propelled with an electric propulsion system.

**Inoperable** – Any device covered by this policy that is not capable of functioning to the standard originally designed for the device due to the absence of parts or broken nature of those parts.

**Lost** – Property not voluntarily relinquished, but deemed lost due to accident, forgetfulness, negligence, or not knowing the property’s whereabouts on the part of the owner.

**Moped** – A motorized device with three wheels or less and a seat, with a motor rated at 1.5 horsepower or less with a cylinder displacement of less than 50CC’s, top speed of 35 mph and requiring a state-issued license plate (Virginia Code § 46.2-100). This includes gas power-assisted bicycles and motored scooters that meet these criteria.

**Old Dominion University Property (University property)** – Land and facilities that are owned by Old Dominion University or controlled by Old Dominion University via leases or other formal contractual arrangements to house ongoing University operations.

**Pathways/Sidewalks** – All outdoor paved, planked, graveled or other routes on University property or contiguous with University property that are not automobile right-of-ways, lots, garages or loading zones.

**Personal Transport Device (PTDs)** – Generic term used to identify EPAMDs, roller skates/in-line skates, scooters, electric scooters, recreational devices and other variations of these devices that do not fall under strict definitions of bicycles or skateboards, but must also abide by the rules set forth in this policy.
Recreational Use – Any use of a bicycle, skateboard or other PTD covered in this policy when operated for purposes other than commuter transit.

Roller Skates/In-Line Skates – Any set of wheels in tandem, or not, attached to footwear.

Scooter – A narrow platform mounted on tandem wheels with a handle to steer by turning the front wheel and propelled by human power. For electric scooters, see Electric Scooter definition.

Self-Balancing Electric Wheeled Board – A type of portable, rechargeable personal mobility device that uses gyroscopic technology to allow an operator to balance on a small-wheeled platform. These devices are commonly referred to as “Hoverboards,” but may also be referred to as Swagways, IO Hawks, and Skywalkers.

Site-furnishings – Elements of hardscape, paths, paving, foundations, trash receptacles, benches, landscaping, trees and vegetation, facilities, poles, posts, railings, ramps, artwork and uninhabited extensions of buildings.

Skateboard – A board of any length, regardless of the number of wheels in contact with the ground, that has no seat but is designed to be stood upon by the operator and propelled by human power.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University. Visitors also include riders on the portion of the Elizabeth River Trail that traverses University property.

This policy does not regulate golf carts, department cargo vehicles, any vehicle with a state-issued license plate or accessibility-dependent devices such as wheelchairs or motorized chairs. Mopeds are included in this policy only to address the extent to which they may not share routes and parking facilities with bicycles, skateboards and other PTDs covered by this policy.

This policy does not apply to ODU Police Department operated units in the line of duty or City of Norfolk Police and Emergency response operated units in the line of duty.

E. POLICY STATEMENT

Bicycles, skateboards and other personal transport devices must be operated and parked in a safe and responsible manner that prevents or mitigates personal injuries and promotes active transportation on University property.

Pedestrians always have the right of way. Bicycles, skateboards and other PTDs must not impede pedestrian right-of-way.
This policy is in addition to the motor vehicle rules and regulations issued by the ODU Police Department. Any questions regarding this policy should be directed to the Director of Transportation and Parking Services.

F. PROCEDURES

1. Permitted and Prohibited Riding Areas and Behavior

   a. Bicycles, Skateboards and PTDs

      i. Use on Roadways, Pathways and Sidewalks – Bicycle riding is permitted on all University roadways, pathways and sidewalks on or contiguous with University property, except where signs prohibit use. Skateboards and PTDs are not identified as vehicles permissible in roadways, and so must be ridden on pathways and sidewalks on University property. Riders are encouraged to dismount when entering crosswalks.

      ii. Use on Site-Furnishings - Bicycle, skateboard and PTD riding is prohibited on all site-furnishings, lawns, athletic fields and courts.

      iii. Use in Buildings - Bicycle, skateboard and PTD riding is prohibited in all University buildings, facilities, garages, parking lots and loading zones. These devices (with the exception of skateboards) may not be walked through these buildings or facilities, except for direct access to and from designated storage facilities or approved spaces.

      iv. Traffic Rules – Bicycles are considered vehicles when in roadways, and therefore must follow all Virginia Code vehicle rules and regulations (Virginia Code § 46.2-100, § 15.2-1720). Bicycles, skateboards and PTDs must follow all posted signage across University property and rules set forth in this policy. Bicyclists, skateboarders and PTD riders must abide by all Virginia Code Traffic rules and Police Department direction anywhere on University property.

      v. Lights, Headphones and Helmets – Virginia Code requires all bicycles to be equipped with and use front and rear lights between the hours of dusk and dawn (Virginia Code § 46.2-1015). Skateboard and PTD riders must also wear some functioning lighting device when riding between the hours of dusk and dawn. Headphones (earbuds and earphones) shall not be worn in more than one ear when riding any device on University property. Virginia Code prohibits bicycle riding with earphones in or on both ears on highways in the Commonwealth (Virginia Code § 46.2-1078). Bicyclists, skateboarders and PTD riders shall not use any handheld device in-hand while riding on University property. Although helmet use is not required when riding on University property, riders are strongly encouraged to wear a helmet whenever operating a bicycle, skateboard or PTD.

      vi. Maximum Speed and Dismounting – Riders should maintain appropriate speeds so as to not endanger the safety of themselves or anyone around them. Bicyclists, skateboarders and PTD riders shall dismount when prompted by campus signage and when entering areas that are congested with pedestrian traffic.

      vii. Yielding and Signaling – According to Virginia Code, bicyclists must yield to pedestrians on roadways, pathways and sidewalks and give audible and hand signaling when passing or crossing pedestrians (Virginia Code §46.2-904). Skateboarders and PTD riders must also yield to pedestrians on roadways, pathways and sidewalks.

      viii. Number of Riders per Bicycle – Bicycles, skateboards and PTDs shall not carry more riders then the capacity for which they were originally designed.

      ix. Recreational Use - Bicycles, skateboards and PTDs may not be used to perform tricks in areas that prevent access to buildings or pathways. University buildings and site-
furnishings may not be ridden on, over or struck at any time, and riders will be responsible for any damage done to the facility or grounds.

b. Self-Balancing Electric Wheeled Boards

i. Due to continuing reports highlighting the safety and fire risk of self-balancing electric wheeled boards, the use, possession, charging and/or storage of these devices is prohibited on University property.

ii. If these devices are found on University property, they will be confiscated until they can be effectively removed.

c. Mopeds

i. According to Virginia Code, mopeds must be registered and titled with the Department of Motor Vehicles. All vehicles parked on University property must have a valid permit purchased from the Office of Transportation and Parking Services and be parked in the appropriately designated parking area (See Parking Regulations).

ii. Mopeds are not allowed to be locked to bike racks.

iii. As licensed vehicles, mopeds must be driven in the roadway and are not allowed to be ridden on pathways and sidewalks.

2. Permitted and Prohibited Parking Areas and Behavior

a. Bicycles

i. Bicycles must only be locked to bike racks.

ii. Bicycles shall not take more than one space or prevent access to other bicycles on a bike rack.

iii. Bicycles may be stored inside a residential hall room, with agreement from all roommates.

iv. Bicycles may be stored by faculty and staff in their offices or in areas approved by the supervisor.

v. Bicycles may be stored in rooms designated by the Office of Transportation and Parking Services as bicycle storage rooms.

b. Skateboards, Scooters and Roller Skates/In-Line Skates

i. Skateboards must only be locked into racks identified specifically for skateboard storage.

ii. Skateboards, roller skates and in-line skates cannot be locked to bike racks.

iii. Scooters and electric scooters must only be parked in paved areas adjacent to bike racks. They shall not prevent access to bicycles parked at a bike rack. Electric scooters shall not be left attached to or blocking any access ramp, elevator, access railing, egress space, stairwell, or fire escape.

iv. Electric scooter batteries may not be charged inside any University building, or at any outdoor electric outlet on University property.

C. EPAMDS and Electric Power-Assisted Bicycles

i. Segways (EPAMD) must be parked in motorcycle parking areas.

ii. Electric power-assisted bicycles must only be locked to bike racks and may not be stored in a residential hall room.
d. Prohibited Parking Areas and Methods for All Devices

Prohibited parking areas and methods for all devices are those that
i. Obstruct entry and exit doorways and passages.
ii. Obstruct or are attached to stairwells, stairways and ramps.
iii. Impede access to handrails.
iv. Are attached to site-furnishings, light poles, sign posts, railings, trees, any vegetation, landscaping and grounds.
v. Obstruct roadways, pathways and sidewalks.

3. Bicycle Registration

All bicycles operated on University property by ODU students, faculty and staff should be registered with the Office of Transportation and Parking Services.

4. Lost, Stolen, Relinquished and Abandoned Bicycles, Skateboards and PTDs

a. If a bicycle, skateboard or other PTD is suspected lost or stolen, the ODU Police Department should be contacted with identifying information.

b. If what appears to be a lost or stolen bicycle, skateboard or other PTD is found, the ODU Police Department should be contacted with identifying information.

c. Members of the University community may donate their bicycle at any time and turn it in to BikeODU. The bicycle must have been previously registered under the name of the individual seeking to donate it.

d. Abandoned, lost, inoperable and prohibitively parked bicycles, skateboards or PTDs may be collected by the University.

e. The Office of Transportation and Parking Services oversees the abandoned bicycle collections process:

i. Bicycles identified as abandoned or inoperable will be tagged 10 days prior to collection with information explaining why the bicycle has been identified for collection; the lock will be cut and the bicycle collected 10 days after tagging if the bicycle is not removed before that time.

ii. Bicycles found locked or attached to any ADA ramp, elevator, access railing, egress space, stairwell, fire escape, or otherwise prohibitively parked will be removed immediately.

iii. After collection, a good faith effort will be made to contact the owner of the bicycle if it is registered. Bicycles will be held for 120 days from the day of collection, according to University Lost/Abandoned property rules. If the owner cannot be reached after 120 days, the bicycle will be accepted as University property.

iv. Collected bicycles held past 120 days will either be repurposed into the BikeODU or Staff fleets, donated to a local charity organization, sold at public auction or recycled.

v. The University will not be responsible for replacing or compensating for locks damaged during the collection process.
5. Violations and Infractions
   a. Bicycles operated by community members affiliated with ODU may be removed or banned from University property for violating this or other University policies.
   b. The ODU Police Department and the Office of Transportation and Parking Services may establish fines and fees for violations of this policy or for abandoned bicycle collection procedures.
   c. Violations and infractions will be reported first to the ODU Police Department. Students may also be reported to the Office of Student Conduct & Academic Integrity for disciplinary action.

6. Responsibilities
   a. The Office of Transportation and Parking Services is responsible for developing and managing the registration process, producing a Bicycle and Pedestrian Plan for campus, developing standards for bicycle, skateboard and PTD use on University property, and processing forfeited abandoned bicycles.
   b. The ODU Police Department, the Outdoor Adventure Program, and the Office of Transportation and Parking Services are responsible for promoting adherence to traffic rules, regularly demonstrating proper security techniques and promoting safe and responsible bicycle use on University property through specific events, programs, and campaigns.

G. RECORDS RETENTION

   Records of abandoned bicycles, skateboards or PTDs are retained for three years and then destroyed in accordance with the Commonwealth’s Records Retention and Disposition Schedule (Schedule 117, Series 012300).

H. RESPONSIBLE OFFICER

   Director of Transportation and Parking Services

I. RELATED INFORMATION

2010 ADA Standards for Accessible Design  
National Fire Protection Association (NFPA) Hoverboard Safety Warning  
Statement from U.S. Consumer Product Safety Commission Chairman Elliot F. Kaye on the Safety of Hoverboards  
Statement from the National Association of State Fire Marshals Regarding Hoverboard Safety  
Old Dominion University Parking and Traffic Regulations  
Old Dominion University Outdoor Adventure Programs
POLICY HISTORY

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Scott Silsdorf ___________________________  August 7, 2019 _____________
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna Meeks ___________________________  July 25, 2019 _____________
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois ___________________________  July 25, 2019 _____________
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ___________________________  August 8, 2019 _____________
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick ___________________________  August 9, 2019 _____________
President  Date

Policy Revision Dates:  December 1, 1999; December 16, 2016; August 9, 2019

Scheduled Review Date:  December 16, 2021
A. PURPOSE

The purpose of this policy is to establish the responsibilities and requirements of individuals who operate State-owned licensed motor vehicles for which ODU is responsible and the University’s Accident Review Committee in the review of accidents involving such vehicles.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Memo-2001-No. 10, Code of Virginia Section 52-4, as amended, requires each state agency to form an Accident Review Committee for the purpose of reviewing and classifying motor vehicle accidents involving State-owned licensed motor vehicles, and to promote motor vehicle and highway safety.

C. DEFINITIONS

Preventable Accident – An accident where the operator of the State-owned vehicle is found to have contributed to the accident.

State-owned Licensed Motor Vehicle – A licensed motor vehicle intended for highway use and under the control of ODU (rental cars excluded).

D. SCOPE

This policy applies to all employees, employees of affiliated organizations who are paid through the University, and students who operate State-owned licensed motor vehicles. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.
E. POLICY STATEMENT

All employees and students of the University who operate a State-owned Licensed Motor Vehicle (“State-owned Vehicle”) are required to obey all traffic laws, rules, policies and procedures governing the operation and use of such vehicles. If involved in an accident while operating a State-owned vehicle, the operator must follow established procedures for reporting the accident.

Accidents involving State-owned Vehicles shall be reviewed by an Accident Review Committee to determine whether the operator contributed to a Preventable Accident and to make recommendations for appropriate follow-up action.

The Accident Review Committee is appointed by the Vice President for Administration and Finance and is comprised of at least five members including, but not limited to, a representative of the Office of the Vice President for Administration and Finance (who will serve as chair), the Director of Risk Management, and at least one representative from the Old Dominion University Police Department (“ODUPD”), the Department of Human Resources, and the Department of Facilities Management. The Director of Risk Management (“the Director”) will serve as coordinator for Committee activities by calling meetings of the Committee; providing accident reports, photos, and other relevant materials; and arranging for operator and witness interviews and consulting with supervisors on disciplinary actions, as necessary. Attendance of at least three members of the Committee will constitute a quorum.

F. PROCEDURES

1. When an accident occurs with a State-owned vehicle, the operator must notify his/her immediate supervisor while the State-owned vehicle is at the accident scene, and report the accident:
   a. to the ODUPD, if the accident occurred on or near campus;
   b. to the Virginia State Police, if the accident occurred off campus but within the State of Virginia; or
   c. to the State Police, Highway Patrol, or local Police Department having jurisdiction, if the accident occurs in another State or the District of Columbia.

   The operator must also obtain information from the investigating officer as to how to obtain a copy of the accident report and the name, address and policy number of the insurers of other involved vehicles.

2. Within 24 hours of the accident, the operator must complete and sign the Auto Loss Incident Report located in the State-owned vehicle or available on the Office of Risk Management’s website and report the accident to the Office of Risk Management.

3. Upon receipt of the accident report and completed Auto Loss Incident Report by the Office of Risk Management, the Director will make an initial determination as to whether the operator may have contributed to the accident. If it appears that the operator may have contributed to the accident, the Director will notify the Chair and a meeting of the Accident Review Committee (“the Committee”) will be convened. The ODUPD will prepare or request
the initial vehicle accident reports in addition to witness statements, photos and other Police information relative to each accident, and provide such materials to the Committee.

4. The operator involved in the accident will be notified of the time and location the Committee will meet to review the accident and may attend the meeting or submit a written statement to be considered by the Committee during the review if desired.

5. If the operator is a classified or hourly employee, the operator’s supervisor will be notified of the meeting and encouraged to attend in order to discuss potential disciplinary action, as appropriate.

6. After thoroughly reviewing all of the material concerning the accident and interviewing the operator if he/she attends the meeting, the Accident Review Committee will determine if the accident is considered “Preventable,” “Not Preventable,” or “Incident” based on the following:

   • The accident shall be considered “Preventable” when the operator of the State-owned vehicle is found to have contributed to the accident.
   • The accident shall be considered “Not Preventable” if the Committee concludes that the operator of the State-owned vehicle did not contribute to the accident.
   • Those cases resulting from natural causes, acts by other than human sources, deliberate acts (e.g., vandalism), and non-perceivable objects, or cases occurring while the State-owned vehicle is properly parked shall be classified as an “Incident” and not considered as accidents within the review process.

7. If an accident is deemed “Preventable,” the Committee will consult with the operator’s supervisor. The Chair of the Accident Review Committee will issue a report of its findings (and, in the case of classified or hourly employees, the supervisor’s recommended disciplinary action), along with any recommendations associated with such findings, to the Vice President for Administration and Finance.

   a. If the operator is determined by the Committee to have failed to immediately report the accident to the appropriate State, local, or University Police, and/or failed to complete and submit the Auto Loss Notice to the Office of Risk Management within 24 hours of the accident, and/or failed to cooperate with the Police or the Office of Risk Management’s investigation of the accident, the Committee will consider such actions in its findings and recommendations.

   b. If the Committee identifies other factors that may have contributed to the accident that were not controlled by the operator, remedial action may be recommended (e.g. training, vehicle modifications) to mitigate the possibility of future accidents.

8. The Vice President for Administration and Finance will review the report, sign if approved, and send it back to the Chair.

   a. If the operator is a classified or hourly employee, the Chair will notify the operator of the State-owned vehicle, the operator’s supervisor and the department head of the Vice President’s decision and refer the supervisor to the Office of Human Resources for assistance in implementing the approved disciplinary action.

   b. If the operator is a faculty member, the Chair will forward the report to the Provost and Vice President for Academic Affairs or designee, who will handle notifications and
disciplinary action in accordance with appropriate policies and procedures governing faculty.

c. If the operator is a faculty administrator, the chair will forward the report to the appropriate Vice President or designee, who will handle notifications and disciplinary action in accordance with appropriate policies and procedures governing faculty administrators.

d. If the operator is a student, the chair will forward the report to the Vice President for Student Engagement and Enrollment Services or designee, who will handle notifications and disciplinary action in accordance with the Code of Student Conduct.

The Office of Risk Management will retain records of the activities of the Accident Review Committee.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director of Risk Management

I. RELATED INFORMATION

Virginia Department of Human Resource Management Policy 1.60 – Standards of Conduct
Board of Visitors Policy 1450 – Faculty Sanctions
Board of Visitors Policy 1490 – Administrative and Professional Faculty
Board of Visitors Policy 1530 – Code of Student Conduct
Old Dominion University Teaching and Research Faculty Handbook
POLICY HISTORY
**********************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Kenneth R. Blow  October 30, 2013
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  July 23, 2013
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Robert L. Fenning  January 9, 2014
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  January 13, 2014
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  January 24, 2014
President  Date

Policy Revision Dates:  September 18, 1990; January 24, 2014

Scheduled Review Date:  January 24, 2019
A. PURPOSE

The purpose of this policy is to provide guidelines and procedures for the proper use of University-owned telephones and services.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Old Dominion University has executed a Memorandum of Understanding (MOU) with the Commonwealth Department of Accounts and Department of the Treasury relating to the decentralization of non-payroll disbursements. The MOU documents the agreement in accordance with the Appropriations Act to delegate the operation of non-payroll disbursement to Old Dominion University as part of a program to grant relief from rules, regulations and reporting requirements in the areas of finance and accounting.

C. DEFINITIONS

Budget Unit Director - The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

Collect Call - A call received where the caller is requesting that the University be charged for the call.

Operator Assisted Call - Calls or services requiring the assistance of an outside operator.

Progressive Discipline - A system of increasingly significant measures that are utilized to provide feedback to employees so that they can correct conduct or performance problems.
Supervisor - The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate, and discipline employees.

Third Party Billing - A call made from a non-University phone but charged to the University.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The University telephone system is available to conduct official business. Abuse of the telephone system including, but not limited to, charging personal long distance phone calls to the University, conducting business related to outside employment or business ownership, making or receiving excessive personal calls, and disclosing confidential information over the phone may result in disciplinary action, including termination.

As a general rule, faculty and staff are discouraged from making or receiving personal telephone calls through the University’s telephone system. It is recognized that under certain circumstances, however, an employee may need to make or receive a telephone call of a personal nature from a University phone. Those calls must be held to a minimum in both duration and frequency.

If, on rare occasions, the need arises for an employee to make a personal call that would result in an assessed charge, the employee should use his or her personal cell phone or calling card to place the call. If those options are unavailable, the employee must receive prior approval from his/her supervisor or designee before using a University phone, and any charges resulting from the call must be reimbursed to the University using established procedures.

Collect, operator-assisted and third-party billing calls are prohibited. Any such call will be investigated by the supervisor or designee and charged to the employee who accepted or placed the call.

F. PROCEDURES

1. Budget Unit Directors are responsible for reviewing the monthly telephone billing reports to ensure compliance with this policy and investigating any questionable calls, such as unexpected charges or unusual frequency of numbers called.

2. Budget Unit Directors noting questionable calls should inquire about the purpose of the call. If the call was for personal reasons, the employee’s supervisor should be notified.
3. If the supervisor determines that inappropriate use of University telephones has occurred, he or she will address the issue with the employee using a progressive discipline approach, which may result in sanctions, including termination. The supervisor shall also notify the University Auditor in order to pursue the matter in accordance with University Policy 3003 – Detection, Investigation and Reporting of Fraud and Misuse of University Property/Funds.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President for Financial Services

I. RELATED INFORMATION

Board of Visitors Policy 1450 – Faculty Sanctions
University Policy 1002 – Code of Ethics
University Policy 6600 – Standards of Conduct for Classified Employees
University Policy 6620 – Personal Use of University Materials or Funds
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Deborah L. Swiecinski  February 9, 2018
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  November 21, 2017
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois  February 12, 2018
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright  February 12, 2018
University Counsel  Date

Presidential Approval:

/s/ John R., Broderick  February 14, 2018
President  Date

Policy Revision Dates:  December 1, 1988; June 30, 2011; February 14, 2018

Scheduled Review Date:  February 14, 2023
A. PURPOSE

The purpose of this policy is to provide guidelines for the appropriate allowance for personal wireless services used for University business in order to contain costs and ensure departmental and personal accountability.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Old Dominion University has executed a Memorandum of Understanding (MOU) with the Commonwealth Department of Accounts and Department of the Treasury relating to the decentralization of non-payroll disbursements. The MOU documents the agreement in accordance with the Appropriations Act to delegate the operation of non-payroll disbursement to Old Dominion University as part of a program to grant relief from rules, regulations and reporting requirements in the areas of finance and accounting.

C. DEFINITIONS

Budget Unit Director - The University employee on record with the Office of Finance Data Control as having financial management responsibility for a specific budget code.

Mobile Device - Any device that is capable of using services provided by a cellular telephone network or the Internet. These devices vary from a simple telephone device that allows calls to be made and received and perhaps provides simple features such as a phone number directory, simple appointment calendars, and calculator to more complex phones that can do simple text messaging and synchronizing directory and calendar data with computers, to devices with telephone features and capabilities that would include fully synchronized contact databases, calendars, email and web browsing to general devices (e.g., tablets, smartphones) with cellular phone network cards.
Wireless Service - Any service used to make or receive wireless voice or data calls or interactions on cellular telephone networks.

D. SCOPE

The policy applies to all employees and employees of affiliated organizations who are paid through the University and are eligible for a University-provided wireless service allowance. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Employees whose duties and responsibilities require them to conduct University business while away from the office or to be accessible after normal working hours may be eligible for compensation in the form of a monthly allowance to offset the cost of personal wireless service. An employee with a wireless service allowance must maintain an active wireless service contract for the life of the allowance or notify the supervisor that service has changed or is disconnected.

The wireless service allowance is provided to support and enhance the business operations of the University. Eligibility for a wireless service allowance and the types of allowances are determined on a position-by-position basis by the supervisor and approved by the Budget Unit Director, Dean (if applicable), and appropriate Vice President. (If the employee is the designated Budget Unit Director for the department, approval only by the Dean (if applicable) and Vice President is required.) Employees who have University subsidized plans for voice and text should understand that the wireless phone number may be distributed for business use.

For most employees, personal mobile devices will be used for both business and personal use, and it is appropriate for the University and employee to share the overall costs. Thus, the allowance amount is not intended to cover 100% of the monthly service plan’s costs. The allowance is intended to compensate for the business use portion of the service. The allowance is considered taxable income but is not included in the employee’s base salary. Employees are responsible for acquiring and maintaining their own equipment.

Qualified employees are eligible for one of the following wireless service allowance options:

- Option 1: Voice and Text - $50/month, or
- Option 2: Data (email and Internet) - $40/month, or
- Option 3: Voice, Text and Data - $90/month

The above rates will be reviewed on an annual basis as part of the budgeting process. The wireless service allowance options are set rates and may not be supplemented with other funds, regardless of the funding source. A qualified employee’s option may be modified (for example, switched from Option 1 to Option 2 or 3) or eliminated should the nature of the employee’s job change.

Those who receive an allowance are subject to review by the University to verify the necessity of the wireless service allowance. Employees may also be required to provide their detailed wireless service bills showing business-related expenses to the University upon request and are subject to all University policies related to data access, privacy, management and storage. Any
violation of these policies may result in cancellation of the wireless service allowance, disciplinary action, or possible termination.

In the event an employee is terminated or laid off and wishes to discontinue the wireless service plan, the University may, at its discretion, pay the early termination charges on behalf of the employee. However, if the employee resigns, the employee is solely responsible for early termination charges. The allowance ends at the time of termination.

There may be instances when a mobile device has multiple users and may be deemed a departmental device. This is typically for those departments that require different employees to be on-call on a regular basis. In these cases, the departmental device and service must be purchased through the Office of Information Technology Services and must not be used by, or assigned to, one specific individual. The Budget Unit Director is responsible for reviewing monthly billing statements for departmental mobile devices in order to confirm that usage charges are for business purposes only.

If a University employee is not designated as eligible for the allowance, the employee may request reimbursement for actual wireless services expenses incurred for business-related purposes if the business-related use causes an overage charge above the standard monthly rate. For example, if an employee’s personal mobile device has a 600-minute plan that costs $40 per month (plus fees and surcharges), and the employee used 650 minutes for a particular month, of which it was determined that 100 of those minutes were business charges, the employee is eligible to request reimbursement of an amount equal to the 50 minutes of overage charges incurred for the month. If, however, an employee’s personal mobile device has a 600-minute plan, and 300 minutes were used in a particular month, of which 100 minutes were business charges, the employee is not eligible to request reimbursement since the business charges did not result in any overage charges to the employee.

It is recommended that individuals who frequently have reimbursable business charges that equal or exceed the monthly wireless service allowance request the wireless service allowance from the appropriate supervisor, Budget Unit Director and Vice President.

F. PROCEDURES

1. Wireless service allowances will be based on one or more of the following criteria:
   - Safety
   - Required to be contacted by mobile device on a regular basis
   - Required to be on-call
   - Essential Personnel
   - Critical Decision Maker
   - Job Function requires home or off-campus access to the Internet or University data services
   - Other (justification required)

2. When the supervisor determines that there is a business need for an employee to receive a wireless service allowance, the supervisor will complete the Supervisor Worksheet and Employee Agreement and will meet with the employee to review the allowance options based on business need. The supervisor will obtain signatures from the employee, Budget Unit Director, Dean (if applicable), and the appropriate Vice President.
3. The Budget Unit Director will complete a Budget Adjustment Form to reallocate funds to cover the amount of the allowance from non-personal services to personal services within the unit’s operating budget.

4. The Supervisor will submit the completed Supervisor Worksheet and Employee Agreement to the Payroll Office for processing. The allowance payment will correspond to the regular payroll schedule and will not be retroactive.

Termination of Allowance
If the employee resigns, is terminated, transfers to another department, or no longer qualifies for a wireless service allowance, the supervisor is responsible for notifying the Payroll Office to discontinue the allowance. Because allowances are based on a specific position, recertification and approval of the Dean (if applicable) and the appropriate Vice President are required if an employee changes positions.

Annual Review
Budget Unit Directors will be required to review wireless service allowances on an annual basis. In December of each year, the Payroll Office will distribute lists to each Budget Unit Director of the employees in the department/unit receiving allowances. The Budget Unit Director must note whether each employee should continue receiving the current allowance or if the allowance should be modified or discontinued. The Budget Unit Director should sign the form and forward it to the appropriate Vice President for additional approval if the Budget Unit Director is also receiving an allowance. The original, signed list must then be forwarded to the Payroll Office. For audit purposes, a copy of the signed list must also be retained on file by the Budget Unit Director.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President for Financial Services

I. RELATED INFORMATION

- Internal Revenue Service Employer’s Tax Guide
- Virginia Department of Human Resource Management Policy 1.75 - Use of Electronic Communications and Social Media
- Information Technology Standard 02.9.0 – Mobile Device Management Standard
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Deborah L. Swiecinski  February 9, 2018
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  November 21, 2017
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory E. DuBois  February 12, 2018
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright  February 12, 2018
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  February 14, 2018
President  Date

Policy Revision Dates:  September 16, 2002; June 30, 2011; September 20, 2012; January 24, 2014; February 14, 2018

Scheduled Review Date:  February 14, 2023
A. PURPOSE

The purpose of this policy is to outline the processes necessary for the University to maintain control of fixed assets that have been tagged and added to the University’s fixed asset inventory.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.


C. DEFINITIONS

Budget Unit Director – The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

Equipment Trust Fund (ETF) – Funds appropriated by the General Assembly with distribution oversight by the State Council of Higher Education for Virginia (SCHEV) for equipment upgrades needed for instruction and research.

Fixed Asset – Tangible and intangible property owned by the University and used in operations (not for resale) that have an initial expected useful life of greater than one year. A fixed asset with an initial cost (inclusive of ancillary charges) of $5,000 or greater is capitalized and becomes known as a capital asset (see Fixed Asset Management Procedure 3-800). Fixed assets also include those items purchased with SCHEV funding having a unit value of at least $500. ETF fixed assets must be retained for a minimum of seven years (with the exception of computing equipment, which must be retained for three years).

Intangible Property – An intangible asset is one that is not physical in nature. Computer software (including websites), water rights, easements, brand recognition and intellectual property, such as patents, trademarks, and copyrights, are all intangible assets.
Owner - University Budget Unit Director responsible for the inventory, care, control, custody and maintenance of fixed assets purchased with funds from the respective budget unit(s) or accepted as transfer equipment.

Tagged Asset – Tagging provides a unique identification number for each capital and ETF asset to ensure the asset is accounted for in the University’s Financial System, Banner.

D. SCOPE

This policy applies to all University-owned fixed assets and those individuals who are responsible for the proper use and control of these assets. This policy also applies to University employees who require the use of University equipment to accomplish University business at home (or away from the office). Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University.

E. POLICY STATEMENT

It is the responsibility of Budget Unit Directors to maintain oversight, accountability and safeguarding of capitalized and ETF equipment that is assigned to them. When a Budget Unit Director does not exercise due care and maintain custody of the asset, then the budget may be charged up to the lesser of the current un-depreciated value or the replacement cost of the asset. The procedures listed below must be followed in order to ensure control is maintained according to Commonwealth Accounting Policies and Procedures (CAPP) Manual guidelines.

F. PROCEDURES

All University capital and ETF equipment are identified as “Property of Old Dominion University” and assigned a unique tag number. To safeguard and ensure accurate reporting, the following steps should be taken:

1. The General Accounting Office personnel are responsible for recording fixed assets in the University’s fixed asset system and tagging fixed assets delivered directly to departments. Each fixed asset shall be assigned a responsible budget code and the Budget Unit Director will be notified when an asset is added. The Budget Unit Director is then responsible for the control of the asset as described in the Fixed Asset Management Procedure 3-800. The Department of Procurement Services will be responsible for tagging fixed assets delivered to the warehouse and surplus property management.

2. When a tagged asset is needed by an employee to accomplish University business off campus, an Equipment Use Authorization Form, approved by the Budget Unit Director, must be submitted to the General Accounting Office. This form is in effect for one year and will serve as evidence of the location of a fixed asset in the Budget Unit Director’s custody that has been temporarily removed from campus. Requests to continue use of a fixed asset off campus must be updated annually by submitting a new Equipment Use Authorization Form to the Office of General Accounting. When the fixed asset is returned to campus, the Budget Unit Director shall certify on the Equipment Use Authorization Form that the fixed asset listed has been returned in satisfactory condition and shall sign and return it to the General Accounting Office for documentation of the change in location and to record the update in the University’s fixed asset inventory system.

3. Departments may not trade in equipment for credit toward the purchase of new equipment without advance approval by the Department of Procurement Services. If approved, the tag
number assigned to the equipment being traded must be listed on the purchase requisition with details showing the gross cost of the equipment as well as the vendor’s trade-in allowance. The department should also submit trade-in information to the General Accounting Office in order to update the fixed asset records once the trade-in has been approved by the Department of Procurement Services.

4. Departments must report stolen or vandalized equipment to the Old Dominion University Police Department and forward a copy of the police report to the General Accounting Office.

5. Departments must complete and submit to General Accounting a Missing Asset Explanation Form for tagged assets not found.

6. For fixed assets that are no longer needed, obsolete or damaged, departments must prepare an Equipment Turn-In/Work Order Request Form, to include the condition of the fixed asset, and submit it to the Department of Procurement Services for approval. Once the Department of Procurement Services has approved the request, it will receive approved surplus fixed assets that may then be reassigned to another department on request or may be considered disposable. The Department of Procurement Services will notify the General Accounting Office of reassignment or disposal of the turned-in property.

7. Prior to the issuance of an approved receipt by the Department of Procurement Services, the owner shall continue to be responsible for the inventory and absolute care, control, custody and maintenance of the fixed asset. (Board of Visitors Policy 1621 - Asset and Surplus Property Disposition)

8. For accurate monitoring in the University’s fixed asset system, the owner is responsible for promptly informing the General Accounting Office of any changes affecting the responsible budget and/or physical location of an asset. Changes in ownership or physical location of asset(s) must be submitted using the Fixed Asset Workflow system.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President for Financial Services

I. RELATED INFORMATION

University Policy 3001 – Responsibility of Budget Unit Directors on Use of Funds (Expenditures)
University Policy 6060 – Separation Process for Faculty and Staff
Fixed Assets Accounting
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Deborah L. Swiecinski  October 1, 2018
Responsible Officer                Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  July 24, 2018
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois  September 28, 2018
Responsible Oversight Executive    Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  October 3, 2018
University Counsel                Date

Presidential Approval:

/s/ John R. Broderick  October 8, 2018
President                Date

Policy Revision Dates:  December 1, 1988; August 1, 1991; July 1, 2000; June 24, 2010;
                       May 4, 2012; October 8, 2018

Scheduled Review Date:  October 8, 2023
A. PURPOSE

The purpose of this policy is to outline the responsibilities in the use of information technology (IT) resources at Old Dominion University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act, Code of Virginia Section 23.1-1000 et seq., as amended

C. DEFINITIONS

Data - An information asset that represents, but is not limited to, individual data elements, lists, addresses, documents, images, measurement samples, programs, program source code, voice recordings, aggregations of data, or other information in a digital format. Data in a tangible object, typically paper, is excluded from this policy, but is subject to other University policies, including, but not limited to, policies on records management and confidentiality.

Information Security Officer (ISO) – The Old Dominion University employee, appointed by the President or designee, who is responsible for developing and managing Old Dominion University’s information technology (IT) security program.

Information Technology Resources - Computers, telecommunication equipment, networks, data, automated data processing, databases, the Internet, printing, management information systems, and related information, equipment, goods, and services.

Use - Use, in the context of this policy, is not limited to actions by end users. Use is defined as any activity in the design, development, construction, implementation, transmission, storage, protection, retrieval, support or management of information technology.
D. SCOPE

This policy applies to all users of Old Dominion University information technology resources and governs the use of all information technology resources whether owned by or operated for University business through contractual arrangements, including, but not limited to, all employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

As owner of information technology resources, Old Dominion University acknowledges its responsibility to:

- ensure the appropriate and lawful use of these resources,
- safeguard the integrity of computers, networks, and data,
- ensure that use of electronic communications complies with University policies, and
- protect the University against damaging legal consequences.

Old Dominion University employees, students, and other users are afforded the privilege of using information technology resources. Privileges are granted to support the University's mission of instruction, research, and service; for conducting the business and administrative functions of the University; and to support student life.

All users of IT systems are responsible for reading and complying with University information technology requirements, reporting breaches of IT security, actual or suspected, to University management and/or the Information Security Officer, taking reasonable and prudent steps to protect the security of IT systems and data to which they have access, and complying with any Federal, State, or local statutes and University policies and standards as might apply to these resources.

Old Dominion University reserves the right to revoke any user’s access privileges at any time for violations of policy, standards and/or conduct that disrupts the normal operation of information technology resources.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website.

G. RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.
H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

- University Policy 3003 – Detection, Investigation and Reporting of Fraud, Waste and Abuse
- Information Technology Standard 02.6.0 – Remote Access and Virtual Private Network Standard
- Information Technology Standard 02.9.0 – Mobile Device Management Standard
- Information Technology Standard 04.1.0 – MIDAS Identity Management Standard
- Information Technology Standard 04.2.0 – Account Management Standard
- Information Technology Standard 05.4.0 – Virus & Malicious Code Protection Standard
- Information Technology Standard 09.1.0 – Acceptable Use Standard
- Information Technology Standard 10.1.0 – Disciplinary Action Standard
POLICY HISTORY
************************************************************************
Policies submitted to the Policy Formulation Committee (PFC), Policy Review Committee (PRC), Executive Policy Review Committee (EPRC), and University Counsel for review, approval, and implementation.

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:
/s/ Rusty Waterfield
Responsible Officer
May 5, 2022
Date

Policy Review Committee (PRC) Approval to Proceed:
/s/ Donna W. Meeks
Chair, Policy Review Committee (PRC)
April 19, 2022
Date

Executive Policy Review Committee (EPRC) Approval to Proceed:
/s/ Chad A. Reed
Responsible Oversight Executive
May 5, 2022
Date

University Counsel Approval to Proceed:
/s/ Allen T. Wilson
University Counsel
May 9, 2022
Date

Presidential Approval:
/s/ Brian O. Hemphill, Ph.D.
President
May 10, 2022
Date

Policy Revision Dates: October 1, 2007; February 21, 2011; March 15, 2017; May 10, 2022

Scheduled Review Date: May 10, 2027
A. PURPOSE

The purpose of this policy is to outline the manner in which access to Old Dominion University information technology (IT) resources is granted.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act, Code of Virginia Section 23.1-1000 et seq., as amended

C. DEFINITIONS

**Access** – The ability to receive, use, and manipulate data and operate controls included in information technology.

**Data** - An information asset that represents, but is not limited to, individual data elements, lists, addresses, documents, images, measurement samples, programs, program source code, voice recordings, aggregations of data, or other information in a digital format. Data in a tangible object, typically paper, is excluded from this policy, but is subject to other University policies, including, but not limited to, policies on records management and confidentiality.

**Information Technology Resources** – Computers, telecommunication equipment, networks, automated data processing, databases, the Internet, printing, management information systems, and related information, equipment, goods, and services.

**User** - Includes anyone who accesses and uses Old Dominion University information technology resources.

D. SCOPE

This policy applies to all users of Old Dominion University information technology resources and governs all information technology resources whether owned by or operated for University
business through contractual arrangements, including, but not limited to, all employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property, owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The University will provide all employees and other users with the information they need in order to carry out their responsibilities in as effective and efficient manner as possible. Access to data will be limited to authorized individuals whose job responsibilities require it, as determined by an approval process, and to those authorized to have access by Federal or State laws or in accordance with University policies and standards. The process for requesting, granting, administering, and terminating accounts on IT systems, including accounts used by vendors and third parties, is provided in Information Technology Standard 04.2.0 - Account Management Standard.

Access is given through the establishment of a unique account in accordance with account request procedures. Exceptions to the establishment of unique accounts may include stand-alone personal computers, public access computers or related resources, and student labs where individual student accounts are not required.

All users of IT systems are responsible for reading and complying with university information technology requirements, reporting breaches of IT security, actual or suspected, to University management and/or the Information Security Officer, taking reasonable and prudent steps to protect the security of IT systems and data to which they have access, and complying with any Federal, State, or local statutes and University policies and standards as might apply to these resources. Every user must maintain the confidentiality of information assets even if technical security mechanisms fail or are absent.

Old Dominion University reserves the right to revoke any user’s access privileges at any time for violations of policy, standards and/or conduct that disrupts the normal operation of information technology resources.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website.

G. RETENTION

System access records are retained for three years and then destroyed in accordance with the Commonwealth’s Records Retention Schedule (General Schedule 113, Series 000151).
H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

Information Technology Standard 02.2.0 – Workplace Device Technologies Standard
Information Technology Standard 02.3.0 – Data Administration and Classification Standard
Information Technology Standard 02.6.0 – Remote Access and Virtual Private Network Standard
Information Technology Standard 08.1.0 – Risk Assessment Standard
Information Technology Standard 09.1.0 – Acceptable Use Standard
Information Technology Standard 09.2.0 – Accessibility Standard
Information Technology Standard 10.1.0 – Disciplinary Action Standard
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield  May 5, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  April 19, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Chad A. Reed  May 5, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  May 9, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  May 10, 2022
President  Date

Policy Revision Dates:  October 1, 2007; February 21, 2011; March 15, 2017; May 10, 2022

Scheduled Review Date:  May 10, 2027
A. PURPOSE

The purpose of this policy is to state the University’s commitment to establishing specific standards, guidelines and procedures affecting key components of its information technology (IT) infrastructure, architecture, and ongoing operations.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act, Code of Virginia Section 23.1-1000 et seq., as amended

C. DEFINITIONS

EDUCAUSE is a nonprofit association whose mission is to advance higher education by promoting the intelligent use of information technology.

Information Security Officer (ISO) – The Old Dominion University employee, appointed by the President or designee, who is responsible for developing and managing Old Dominion University’s information technology (IT) security program.

Internet2 develops and deploys advanced network applications and technologies for research and higher education, accelerating the creation of tomorrow’s Internet.

ISO/IEC 27001/27002 is an information security standard published by the International Organization for Standardization (ISO) and by the International Electrotechnical Commission (IEC).
D. SCOPE

This policy applies to all decision makers, developers and planners of University systems and operations related to the conceptualization, design, acquisition, and maintenance of information technology.

E. POLICY STATEMENT

The University will establish specific standards, guidelines, and procedures that influence decisions affecting key components of its IT infrastructure, architecture, and operations. These standards, guidelines, and procedures will be reviewed periodically in accordance with Information Technology Standard 01.1.0, Technology Policy Development & Maintenance Standard, to assure they conform to best practices as described by the ISO/IEC 27001/27002, Information Technology - Code of Practice for information security management, EDUCAUSE, Internet2, and others within higher education, as well as those from selected technology industries.

Research or other institutional endeavors by their nature may require the use of technology and practices not yet appropriate for normal use. The ultimate goal of this policy is to create logical relationships between information technology resources and the mission of the University and its units.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website. For security purposes, some procedures related to infrastructure, architecture and ongoing operations are maintained internally and are available upon request to relevant parties as authorized by the Chief Information Security Officer.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

Information Technology Standard 06.8.0 IT Infrastructure, Architecture & Ongoing Operations Standard

The EDUCAUSE Center for Analysis and Research (ECAR) Campus Cyberinfrastructure Working Group helps educational institutions develop institutional strategies and plan their resource deployment in this emerging and evolving technological landscape and helps their users harness and optimize the power and capabilities of new integrated IT tools and systems for educational and research applications in higher education.
The Postsecondary Electronic Standards Council is a non-profit association of colleges and universities; professional and commercial organizations; data, software and service providers; and state and federal government agencies.
Policy 3502 – IT Infrastructure, Architecture, and Ongoing Operations

POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield March 9, 2017
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks January 24, 2017
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ David F. Harnage March 10, 2017
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance March 14, 2017
University Counsel Date

Presidential Approval:

/s/ John R. Broderick March 15, 2017
President Date

Policy Revision Dates: October 1, 2007; April 9, 2010; April 26, 2011; March 15, 2017

Scheduled Review Date: March 15, 2022
A. PURPOSE

The purpose of this policy is to establish the framework for administering the University’s institutional data.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act, Code of Virginia Section 23.1-1000 et seq., as amended

C. DEFINITIONS

Application Administrators - Individuals with administrative application or system privileges, who are responsible to ensure that appropriate controls, mechanisms, and processes are in place to meet the security requirements necessary to protect an information technology resource.

Data Classification - In the context of information security, it is the classification of data based on its level of sensitivity and the impact to the University should that data be disclosed, altered, or destroyed without authorization.

Data Element - In electronic recordkeeping, a combination of characters or bytes referring to one separate item of information such as name, address, or age.

Data Compliance Owners – Data Compliance Owners understand the compliance requirements for the data under their purview, designate the compliance level of their data, and approve the access to and use of the data.
• University Data Compliance Owners oversee compliance for data that is shared or leveraged across the University, such as HR, Finance, Financial Aid, and Student FERPA data.
• Departmental Data Compliance Owners oversee the data that is specific to the departmental application or system that is not overseen by one or more of the University Data compliance Owners.

Data Users – Those authorized to access institutional data and information in order to perform their assigned duties or to fulfill their role in the University community.

Information Security Officer (ISO) – The Old Dominion University employee, appointed by the President or designee, who is responsible for developing and managing Old Dominion University’s information security program.

Institutional Data - Recorded information that documents a transaction or activity by or with any appointed board member, officer, or employee of the University. Regardless of physical form or characteristic, the recorded information is an institutional record if it is produced, collected, received, or retained in pursuance of law or in connection with the transaction of University business. The medium upon which such information is recorded has no bearing on the determination of whether the recording is an institutional record. Institutional records include but are not limited to personnel records, student records, academic records, financial records, patient records and administrative records. Record formats/media include but are not limited to email, electronic databases, electronic files, paper, audio, video, and images.

Personally Identifiable Information - Personally identifiable information (PII) is defined as data or other information that is tied to or which otherwise identifies an individual or provides information about an individual in a way that is reasonably likely to enable identification of a specific person and make personal information about them known. For the purposes of classification at ODU, certain PII can be considered public, such as that designated as directory information under FERPA, or confidential or restrictive based on ability to use the information for harmful purposes such as identity theft.

Research and Scholarly Data (“Research Data”) - Digitally recorded information (necessary to support or validate a research project’s observations, findings, or outputs. Specifically, data that are:

1. Acquired and/or maintained by University employees and/or students in performance of research and/or in pursuit of a scholarly activity;
2. Created or updated in pursuit of a research or scholarly function;
3. Necessary to support research or scholarly findings, establish validity of inventions, and prove ownership of Intellectual Property Rights.

System Compliance Owners – The manager or departmental head responsible for operation and maintenance of a University IT system or overseeing hosted systems under their purview. System Compliance Owners are responsible for the overall compliance and security of their system.
D. SCOPE

This policy applies to all users of Old Dominion University information technology resources and governs all information technology resources either owned by or operated for University business through contractual arrangements. Users may include employees, students, volunteers, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University or using information technology that is provided by the University.

This policy refers to all data owned, used, created, or maintained by the University whether individually controlled or shared, stand-alone or networked. It applies to all data sources found on equipment owned, leased, operated, or contracted.

E. POLICY STATEMENT

Data Administration and Classification

It is the policy of Old Dominion University that the framework for the administration of institutional data is built upon the accepted standards of practice, the understanding of institutional data, and the roles and responsibilities involved in the management of the data.

The security of institutional data and the infrastructure upon which it is processed, transmitted, or stored is patterned after accepted standards for management of information security, such as ISO/IEC 27001/2, Information Technology – Security Techniques - Code of Practice for information security controls, industry best practices and practices of comparable higher education institutions.

Data classifications and associated protective controls account for academic and business needs for sharing or restricting information and the impact associated with such needs. Data classification informs security decisions such as location of stored data, authorization and access requirements, continuity of operations and disaster recovery planning, and are maintained in risk assessment documents. Data classification levels along with certain transmission and storage expectations are found in Information Technology Standard 02.30 – Data Administration and Classification.

Research and Scholarly Data

Research and scholarly data are generally not considered institutional data and are governed by the Research and Scholarly Data Governance Committee (RSDGC). The RSDGC is a University-level committee charged with oversight of the policy and guidelines for the management of and access to the University’s Research Data in accordance with University policies and applicable law.
Roles and Responsibilities

The specific responsibilities of Data Compliance Owners, Data Users, Application Administrators, oversight committees, and other security roles are identified within Information Technology Standard 01.2.0 – IT Security Roles and Responsibilities.

Violations of this policy should be reported to the University’s Information Security Officer. Any faculty, staff or student found to have violated this policy may be subject to the appropriate disciplinary action.

F. PROCEDURES

1. Data elements are reviewed and identified by the data compliance owner. Using the data classification levels outlined in Information Technology Standard 02.30 – Data Administration and Classification, data compliance owners make classification determinations.

2. System compliance owners in collaboration with the data compliance owner will conduct a System Risk Assessment in accordance with Information Technology Standard 08.1.0 - Risk Assessment Standard for all new and hosted systems that maintain sensitive data. The completed System Risk Assessment will be forwarded to the Information Security Officer.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Information Security Officer

I. RELATED INFORMATION

Board of Visitors Policy 1424, Policy on Intellectual Property
University Policy 3500 - Use of Computing Resources
University Policy 3501 – Information Technology Access Control Policy
University Policy 3505 - Information Technology Security Policy
University Policy 4100 – Student Record Policy
University Policy 5350 – Research and Scholarly Digital Data Management Policy
Information Technology Standard 02.4.0 - IT Asset Control
Information Technology Standard 05.1.0 - IT Security Incident Handling
Information Technology Standard 05.2.0 - Data Breach Notification
Information Technology Standard 05.3.0 - Threat Detection
Information Technology Standard 06.6.0 - Security Monitoring and Logging
Office of Research Volunteer or Visiting Scholar Agreement
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ J. Douglas Streit                  January 4, 2022
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks                December 14, 2021
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Todd K. Johnson                 February 8, 2022
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson                 February 10, 2022
University Counsel       Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.          February 14, 2022
President       Date

Policy Revision Dates: October 1, 2007; April 16, 2011; December 14, 2015; February 14, 2022

Scheduled Review Date: February 14, 2027
Policy #3505
INFORMATION TECHNOLOGY SECURITY POLICY

Responsible Oversight Executive: Vice President for Administration and Finance
Date of Current Revision or Creation: March 15, 2017

A. PURPOSE

The purpose of this policy is to state the codes of practice with which the University aligns its information technology security program and document the best practices and standards with which the University aligns its security activities.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act, Code of Virginia Section 23.1-1000 et seq., as amended

C. DEFINITIONS

Code of Practice for Information Security Management (ISO/IEC 27002:2005) - The international standard that defines guidelines and general principles for the effective management of information security within an organization. It is a risk-based framework widely used to guide establishment of security standards and management practices.

EDUCAUSE Association - A nonprofit association dedicated to the advancement of higher education through the effective use of information technology. Members include representatives from institutions of higher education, higher education technology companies, and other related organizations.

Family Educational Rights and Privacy Act (FERPA) – A Federal law enacted to protect access to student records and provide control over the disclosure of information from these records.

Gramm-Leach-Bliley Act (GLBA) - A Federal law enacted to control how financial institutions deal with the private information of individuals.

Health Insurance Portability and Accountability Act (HIPAA) – A Federal law enacted to set national standards for the security of electronic-protected health information.
Information Security - The concepts, techniques, technical measures, and administrative measures used to protect information assets from deliberate or inadvertent unauthorized acquisition, damage, disclosure, manipulation, modification, loss, or use.

Information Security Officer (ISO) - The Old Dominion University employee, appointed by the President or designee, who is responsible for developing and managing Old Dominion University’s information technology (IT) security program.

Information Technology Security Program – Provides a high-level view of the University’s security controls and elements used to satisfy the laws and regulations relevant to information security. The Information Security Officer has delegated authority for the selection and implementation of security controls and manages the overall security program.

International Electrotechnical Commission (IEC) - A global organization that develops and publishes standards addressing electrical, electronic, and related technologies. Membership comes from government, the private sector, consumer groups, professional associations, and others.

International Organization for Standardization (ISO) - The world’s largest developer of standards. The organization is made up of representatives from governmental and private sector standard bodies, e.g. the American National Standards Institute.

Payment Card Industry Customer Information Security Program (PCI) - A comprehensive set of payment application security requirements designed to ensure the confidentiality and integrity of customer information.

Virginia Alliance for Secure Computing and Networking (VA SCAN) - An organization formed to help strengthen information technology security programs within Virginia. The Alliance was organized and is operated by security practitioners and researchers from several Virginia higher education institutions.

D. SCOPe

This policy applies to all decision makers, developers and planners of campus systems and operations related to the conceptualization, design, acquisition, and maintenance of information technology.

E. POLICY STATEMENT

The University’s information technology security program is based upon best practices recommended in the Code of Practice for Information Security Management published by the International Organization for Standardization and the International Electrotechnical Commission (ISO/IEC 27002:2005) and is appropriately tailored to the specific circumstances of the University.

The program also incorporates security requirements of applicable regulations including, but not limited to, the Family Educational Rights and Privacy Act, Payment Card Industry Customer Information Security Program, Gramm-Leach-Bliley Act and Health Insurance Portability and Accountability Act. Professional organizations, such as the national EDUCAUSE Association and the Virginia Alliance for Secure Computing and Networking, serve as resources for additional effective security practices.
The ISO/IEC 27002:2005 Code of Practice and other sources noted above are used to guide development and ongoing enhancement of additional information technology security policies as needed.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website. For security purposes, procedures and guidelines are maintained internally and are available upon request to relevant parties as authorized by the Information Security Officer.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

University Policy 4100 – Student Record Policy
Information Technology Standard 01.2.0 - IT Security Roles & Responsibilities
Information Technology Standard 02.1.0 - Internet Privacy Standard
Information Technology Standard 02.2.0 - Workplace Device Technologies Standard
Information Technology Standard 02.3.0 - Data Administration and Classification Standard
Information Technology Standard 02.4.0 - IT Asset Control Standard
Information Technology Standard 02.5.0 – Encryption Standard
Information Technology Standard 02.6.0 – Remote Access and Virtual Private Network Standard
Information Technology Standard 02.11.0 - Password Management
Information Technology Standard 04.1.0 - MIDAS Identity Management Standard
Information Technology Standard 04.2.0 - Account Management Standard
Information Technology Standard 05.1.0 - IT Security Incident Handling Standard
Information Technology Standard 05.2.0 - Data Breach Notification Standard
Information Technology Standard 05.4.0 –Virus & Malicious Code Protection Standard
Information Technology Standard 06.1.0 – IT Facilities Security Standard
Information Technology Standard 06.3.0 - Project Management Standard
Information Technology Standard 06.4.0 – IT System Inventory Standard
Information Technology Standard 06.5.0 - Server Management Standard
Information Technology Standard 06.6.0 - Security Monitoring and Logging Standard
Information Technology Standard 06.8.0 - IT Infrastructure, Architecture, and Ongoing Operations Standard
Information Technology Standard 06.9.0 - Data Center Operations Standard
Information Technology Standard 06.11.0 – System Change Management Standard
Information Technology Standard 06.12.0 - Network Management Standard
Information Technology Standard 06.13.0 - Desktop Management Standard
Information Technology Standard 07.1.0 - Business Impact Analysis Standard
Information Technology Standard 07.2.0 - Business Continuity and Disaster Recovery Plan Standard
Information Technology Standard 08.1.0 - Risk Assessment Standard
Information Technology Standard 08.2.0 – IT Security Program Review
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield  March 9, 2017
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  December 13, 2016
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ David F. Harnage  March 10, 2017
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  March 14, 2017
University Counsel  Date

Presidential Approval:

/s/ R. Earl Nance  March 14, 2017
President  Date

Policy Revision Dates:  October 1, 2007; April 9, 2010; April 26, 2011; March 15, 2017

Scheduled Review Date:  March 15, 2021
A. PURPOSE

The purpose of this policy is to address the use of official University electronic messaging systems and the resulting responsibilities of faculty, staff, and students.

B. AUTHORITY

*Code of Virginia Section 23.1-1301, as amended*, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the *Board of Visitors Bylaws* grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

**Electronic Communication** - Any message, image, form, attachment, data, or other communication sent, received, or stored within an electronic messaging system.

**Information Technology Resources** - Defined as, but are not limited to, computers, telecommunication equipment, networks, automated data processing, databases, the Internet, printing, management information systems, and related information, equipment, goods, and services.

**Official Email Account** - An email account issued by Old Dominion University that ends in the domain name [@odu.edu](mailto:odu.edu), and is the official electronic account used to conduct University business.

D. SCOPE

This policy applies to all employees, students, employees of affiliated organizations and guests, volunteers and researchers who are provided official email accounts, and governs all information technology resources associated with electronic messaging whether owned by or operated for University business through contractual arrangements. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for
the benefit of the University and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

Electronic messaging systems and communication services are provided by Old Dominion University for the purpose of enhancing productivity and maintaining effective communication.

Old Dominion University employees, students, employees of affiliated organizations, and guests, volunteers and researchers who are provided official email accounts must activate and maintain regular access to these accounts. These accounts must be used to send and receive electronic communications related to official University business.

Failure to access the email account will not exempt individuals from their responsibility of being aware of and meeting requirements and responsibilities included in electronic communications.

Message content is the sole responsibility of the individual sending the message and users must adhere to University Policy 3500, Use of Computing Resources, and Information Technology Standard 09.1.0, Acceptable Use Standard. Users are also encouraged to practice generally accepted online etiquette.

Instructors retain the discretion of establishing class expectations for email and other electronic messaging communication as a part of the course requirements.

Alternative messaging services should be arranged in cases where users’ access to information technology resources is limited or unavailable.

F. PROCEDURES

Email activation is completed by retrieving a password for the messaging system upon employment or upon registration at the University. Users are required to acknowledge their agreement with Information Technology Standard 09.1.0, Acceptable Use Standard.

MIDAS ID Information
Student Email Information
Faculty Staff Email Information
Mobile Email Information

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.
H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

Information Technology Standard 04.2.0 - Account Management Standard
Information Technology Standard 06.2.0 - Email Retention Standard
Information Technology Standard 10.1.0 - Disciplinary Action Standard
Information Technology Standard 11.2.0 - Student Email Standard
Information Technology Standard 11.4.0 - Electronic Mass Mailing Standard
Information Technology Standard 11.5.0 - University Announcements Standard
Information Technology Security Program
Safe Computing Practices Website
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield _________________________ March 9, 2017 ________________
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks _________________________ January 24, 2017 ________________
Chair, Policy Review Committee (PRC)       Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ David F. Harnage _________________________ March 10, 2017 ________________
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance _________________________ March 14, 2017 ________________
University Counsel       Date

Presidential Approval:

/s/ John R. Broderick _________________________ March 15, 2017 ________________
President       Date

Policy Revision Dates:  October 1, 2007; April 26, 2011; March 15, 2017

Scheduled Review Date:  March 15, 2021
A. PURPOSE

The purpose of this policy is to document the industry best practices with which the University will align its information technology accessibility activities.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.


Americans with Disabilities Act of 1990, as amended (ADA), provides a comprehensive national mandate for the elimination of discrimination against individuals with disabilities.

Rehabilitation Act of 1973, Section 508, requires Federal agencies to ensure that electronic and information technology is accessible to employees and members of the public with disabilities to the extent it does not pose an “undue burden.”

C. DEFINITIONS

Accessibility - Refers to the University objective that everyone within the University community, regardless of physical disability, will have the opportunity for appropriate access to information technology.

The World Wide Web Consortium (W3C) - An international organization that develops interoperable technologies to lead the Web to its full potential. W3C is a forum of information, commerce, communication, and collective understanding.
D. SCOPE

This policy applies to all decision makers, developers and planners of University systems and operations related to the conceptualization, design, acquisition, and maintenance of information technology.

E. POLICY STATEMENT

The procurement, development, and/or maintenance of information technology and user support services for persons with disabilities align with accessibility standards specified in Section 508 of the Rehabilitation Act and in Web Content Accessibility Guidelines from the World Wide Web Consortium, appropriately tailored to the specific circumstances of the University.

Accessibility standards are designed to evolve and change, as newer technologies are introduced and user needs change. At the same time, the standards maintain a consistent framework for accessibility training and support services. University information technology development, maintenance, training, and support personnel responsible for information technology procurement, programs, and services should possess an appropriate level of technical knowledge related to accessibility standards for persons with disabilities.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website. Additional guidelines are available on the University Web and Digital Communication website.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

University Policy 4500 - Accommodation for Students with Disabilities
University Policy 5406 – Accommodations for Individuals with Disabilities
Information Technology Standard 09.1.0 – Acceptable Use Standard
Web Content Accessibility Guidelines 1.0
Web Content Accessibility Guidelines 2.0
United States Access Board
Office of Educational Accessibility
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield ________________________  March 9, 2017 _______________
Responsible Officer ________________________  Date ________________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ________________________  January 24, 2017 _______________
Chair, Policy Review Committee (PRC) __________  Date ________________________

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ David F. Harnage ________________________  March 10, 2017 _______________
Responsible Oversight Executive _______________  Date ________________________

University Counsel Approval to Proceed:

/s/ R. Earl Nance __________________________  March 14, 2017 _______________
University Counsel __________________________  Date ________________________

Presidential Approval:

/s/ John R. Broderick ________________________  March 15, 2017 _______________
President _________________________________  Date ________________________

Policy Revision Dates:  April 10, 2010; April 26, 2011; March 15, 2017

Scheduled Review Date:  March 15, 2021
A. PURPOSE

The purpose of this policy is to define the standards and best practice guidelines with which the University aligns its project management activities to assure that projects are accomplished in a timely, cost-effective manner and meet all required business objectives.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Independent Verification and Validation (IV&V) - A method whereby an independent entity with appropriate experience and expertise evaluates the work product of a given project.

Institute of Electrical and Electronics Engineers (IEEE) Standard 1012-2004 for Software Verification and Validation - Software Verification and Validation (V&V) processes determine whether the development products of a given activity conform to the requirements of that activity and whether the software satisfies its intended use and user needs. Software V&V processes include analysis, evaluation, review, inspection, assessment, and testing of software products.

International Organization for Standardization (ISO) – Quality Management Principals (ISO 9001:2000) – ISO 9001:2000 specifies requirements for a quality management system for any organization that needs to demonstrate its ability to provide products that meet customer and applicable regulatory requirements and aims to enhance customer satisfaction.

Project Management Institute (PMI) – The world’s leading not-for-profit professional association in the area of project management.

Software Engineering Institute - Capability Maturity Model Integration (SEI-CMMI) – The CMMI outlines the methods to obtain software process maturity. Several levels of maturity can be...
reached as an organization’s software project management evolves from that of chaotic nonrepeatable performances to repeatable mature disciplined software processes. The model focuses on key attributes of each improved maturity level and provides guidance on the best practices used to achieve each level.

D. SCOPE

This policy applies to all decision makers, developers, project managers and planners of University systems and operations related to the conceptualization, design, acquisition, and maintenance of information technology.

E. POLICY STATEMENT

Information technology projects are managed in accordance with best practices promoted by the nationally recognized Project Management Institute (PMI), appropriately tailored to the specific project requirements.

Methods used for project auditing, such as Independent Verification and Validation (IV&V), are aligned with industry best practices, consultant expert guidelines, and known industry accepted standards, such as Institute of Electrical and Electronics Engineers (IEEE) Standard 1012-2004 for Software Verification and Validation, International Standards Organization (ISO) 9001-2000 series, and Software Engineering Institute Capability Maturity Model (SEI-CMMI). These methods are tailored to the higher education environment by internal departments and in coordination with consultants as warranted.

F. PROCEDURES

The specific standards to be utilized for compliance with this policy are published on the Information Technology Services Computing Policies and Standards website.

G. RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Chief Information Officer

I. RELATED INFORMATION

Information Technology Standard 06.3.0 Project Management Standard
ITS Project Management Office
ITS Project Active Tracking System
Project Proposal Procedures
Information Technology Advisory Council
Old Dominion University’s Information Technology Strategic Plan
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield May 5, 2022
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks April 19, 2022
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Chad A. Reed May 5, 2022
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson May 9, 2022
University Counsel Date

Presidential Approval:

/s Brian O. Hemphill May 10, 2022
President Date

Policy Revision Dates: April 9, 2010; April 26, 2011; March 15, 2017; May 10, 2022

Scheduled Review Date: May 10, 2027
A. PURPOSE

The purpose of this policy is to ensure that software-based technologies, applications and services meet University information technology requirements, are compatible with existing technology standards and services, and are aligned with information technology priorities, without introducing unnecessary service interruptions or other risks to the efficient operation of business at the University.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.


C. DEFINITIONS

Data Owners - University employees (typically at the level of Registrar or Unit Director) who oversee data management functions related to the capture, maintenance, and dissemination of data for a particular operational area. They are responsible for decisions about the usage of institutional data under their purview.

Project Management Office (PMO) - A strategic functional unit within the Office of Information Technology Services (ITS) that promotes and advances project management principles and services for Information Technology (IT) projects at Old Dominion University.

Software Technologies, Applications and Services - Computer programs or a group of computer programs and related data that operate on or interact with the University systems and information technology resources. These include, but are not limited to, system software, application software, programming software, software as a service delivery model, servers and utilities.

System Owner – Manager or departmental head responsible for operation and maintenance of a University IT system or oversight of hosted systems under their purview.
D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University in academic and administrative units who procure software technologies. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

This policy applies to all software technologies, applications and services, including single quantity, open-source, commercially available or independently developed software, that are determined to meet one or more of the following criteria for review, regardless of who initiates the acquisition or the origin of the funding source:

- requires the use of University IT systems and resources, with exceptions as noted in ITS Guidelines;
- requires on-going maintenance by ITS;
- collects, stores, displays, or exports personally identifying data, non-public personal or financial information, protected health information, or student records, or will store or manage data that is subject to legal controls (Ex. FERPA, HIPAA);
- interfaces with an existing enterprise system application, such as MIDAS, Banner, course management system, etc.; or
- has implications for physical safety.

E. POLICY STATEMENT

Software technologies, applications and services are to be implemented in ways that contribute to the effectiveness and efficiency of the institution and promote compliance with University standards. Prior to procurement of any new software technologies, applications or services as defined within the scope of this policy, the System Owner will initiate with Information Technology Services (ITS) an evaluation to assess integration requirements with existing University services, systems and standards, and operational support requirements. The primary goals are determination of integration challenges or coordination needs, information gathering for initiating an IT project, assistance in assessment of redundant services that may be leveraged, assistance with maintenance and cost analysis when appropriate, fostering appropriate dialogue among various stakeholders and operating units, and resource planning. Additional benefits include documentation of the specific data that are involved, gaining Data Owner approval for use of the data, facilitating the proper contract addendum for sharing the data, and supporting identity and access considerations according to ODU IT security standards.

Departments and administrative units contribute to and share responsibility for the deployment of software technologies, applications and services. Specifically, they are responsible for:

- gathering information on software technologies, applications and services;
- initiating a software decision analysis with the ITS PMO prior to the procurement;
- understanding information security roles and responsibilities;
• supporting University standards and compliance;
• conducting ongoing maintenance; and
• managing cost of ownership.

The ITS PMO is responsible for (i) accepting and tracking requests for reviews and (ii) coordinating timely responses to the departmental or administrative units.

ITS is responsible for reviewing submissions and sharing findings with departments and appropriate administrative units. The review will include:

- an analysis of compliance with Federal and State regulations and University policy;
- a technical review, including a security review and an integration review when appropriate; and
- ongoing maintenance and cost of ownership review, when appropriate.

ITS and the requesting department will use the following standards and guidelines for reviewing and making recommendations:

- compatibility with the University’s computing and network environments;
- compliance with the University’s IT standards and Software Decision Analysis and System Risk Analysis Guideline;
- suitability based on needs assessment;
- licensing compliance for software purchase;
- hardware and software that can be efficiently supported; and
- availability of sufficient University resources (including initial and recurring costs).

The outcome of the review will be an analysis of the technology’s ability to be compliant with and successful in the University’s IT environment. If applicable, recommendations will be made to prevent or mitigate risks. Software acquisitions that do not meet ITS recommendations will not be supported without approval of the requesting department’s Vice President.

F. PROCEDURES

1. Departments considering a planned acquisition or development of software technology, application or service is subject to this policy and should contact ITS.

2. The requesting department gathers information about the software and submits an ITS Software Decision Analysis Request to ITS to assist in the data collection. Other information needed will consist of technical documentation, hardware requirements, vendor practices, security, consulting, etc. ITS staff will be available to consult upon request. Early planning is strongly encouraged in order to avoid unnecessary delays.

3. ITS assesses the information with technical support staff and/or the vendor for further clarification as needed on specific items on the review document. The time required to complete a review can vary based on the complexity of the system and the timing in the academic and budget cycles of the University.

4. Following the assessment, ITS provides a summary of findings, including whether contract protections are needed via use of an Addendum Form, whether further architectural review is needed, whether an IT project is needed, and data ownership and responsibilities.
5. The departmental System Owner for the requested system will sign-off on the ITS findings, acknowledging security responsibilities as the System Owner, and when ODU data is involved, the Data Owner(s) will sign off for approval for the use of the data.

The software decision analysis process, in collaboration among the request department, Procurement and ITS, is one way to apply due care in expanding adoption of information security reviews. In cases where systems are purchased prior to completing a software security review or system risk assessment, other controls are in place that serve to lower risks until such review is completed. It remains the responsibility of the requesting department to initiate and complete the appropriate review, as required by this policy.

Questions regarding this policy should be directed to the Project Management Office in ITS at 757.683.3189 or by email at pmo@odu.edu.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Associate Vice President and CIO, Information Technology Services

I. RELATED INFORMATION

The deployment of information technology applications must adhere to all applicable University Policies as noted below. For the Standards associated with University Policies, see also http://www.odu.edu/about/policiesandprocedures/computing

- University Policy 3500 - Policy on the Use of Computing Resources
- University Policy 3502 - Information Technology Infrastructure, Architecture, and Ongoing Operations Policy
- University Policy 3504 – Data Administration Policy
- University Policy 3505 - Information Security Policy
- University Policy 3508 - Information Technology Project Management
- Information Technology Services Standard 08.1.0 – Risk Assessment Standard
- Department of Procurement Services Procurement Manual
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Rusty Waterfield  July 25, 2019
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  January 22, 2018
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois  July 25, 2019
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  July 31, 2019
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  August 1, 2019
President  Date

Policy Revision Dates:  May 4, 2012; August 1, 2019

Scheduled Review Date:  July 31, 2024
Statement: The Chart of Accounts for Virginia State Supported Colleges and Universities stipulates that revenue received from private contracts may be deposited to a separate University fund ledger - ODU Ledger 5, Grants & Contracts.

Private contracts include those monies received for which specific goods and services must be provided to the funder as a stipulation for receipt of the funds. This category includes all restricted and unrestricted gifts, grants, bequests, and contracts to the extent that revenues received are expended in the year received. Unspent restricted funds are not reported as current funds until expended. Only those revenues derived from the provision of goods or services directly related to instruction, research, or public service are included in the category Private Gifts, Grants, and Contracts. Revenues derived from the sale of goods or services incidental to the conduct of instruction, research, or public service should be shown as Sales and Services of Educational Activities.

The Chart of Accounts, by referring to Section 4-2.01 c3 of the 1986 Appropriations Act, also indicates that 70% of the indirect cost reimbursements on grants and contracts administered by state supported colleges and universities may be expended by the institution for "research and related requirements."

Expenditures for instruction and public service are included as "related requirements" so that Ledger 5 Grants & Contracts budgeting provides the institution a fiscal mechanism to make it possible to provide incentives for the development of service contracts and to "roll forward" from one fiscal year to the next a portion of the revenue associated with the indirect costs generated by contracts written for services directly related to instruction, research, or public service. Examples of activities qualifying to be budgeted in Ledger 5 are contracts for instructional services such as employee training programs, contracts for research services such as electron microscopy, and contracts for public service such as theatrical technical services.

Procedures

(1) Three Ledger 5 budgets (Instruction, Research, Public Service) to be administered under the direction of the Provost and Vice President for Academic Affairs will be established.
(2) Colleges, noncredit units, and other organizational units that provide goods or services directly related to instruction, research or public service through private contractual arrangements will prepare contracts (using approved contract forms) and submit them, together with a project proposal form, to the Vice Provost for Distance Learning.

(3) In keeping with University Policy #1500, CE/PS revenue contracts will be signed on behalf of the President by the Vice Provost for Distance Learning and forwarded to the contracting private individual or organization.

(4) The private individual/organization will return the signed contract to the Vice Provost for Distance Learning.

(5) The Vice Provost for Distance Learning, upon receipt of the signed contract, will:
   
   A. Inform the University Budget Officer of the contract and request an increase in the Ledger 5 budget revenue and expenditure allocations in accordance with the contract.
   
   B. Inform the Office of Finance of the contract and request that an account receivable be established and that the contracting individual or organization be billed as specified in the contract.
   
   C. Inform the project director that the contract has been signed.

(6) The project director will provide the goods and services according to the contract.
   
   A. All direct costs of the contract will be expensed from the Ledger 5 account.
   
   B. Unit administrative costs may be designated as either direct costs or indirect costs. If they are to be included as direct costs, a CE/PS unit may assign the amount of the administrative costs to the contract and transfer the revenue from the Ledger 5 to the CE/PS Ledger 1 account. If they are designated as indirect costs, the funds to cover them will remain in the Ledger 5 account until the project is "closed out."

(7) When the contract is completed, the unit director will notify the Vice Provost for Distance Learning who will then close out the contract by notifying the Controller that the contract is complete and transferring the residual indirect cost funds from the Ledger 5 account to the appropriate accounts according to the following formula:
   
   A. 30% -- Education and general revenues of the institution;
   
   B. 60% -- College Ledger 5 Indirect Cost Account;
C. 10% -- Provost and Vice President for Academic Affairs, Ledger 5 Indirect Cost Account.

Responsibility: Provost and Vice President for Academic Affairs and Vice President for Administration and Finance

Authorization: Roseann Runte, President

Date: December 1, 1988; Revised August 22, 2003
A. PURPOSE

The purpose of this policy is to establish responsibilities and requirements for records management.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Virginia Public Records Act, Code of Virginia Section 42.1-76 et seq., as amended (Section 42.1-85, included in the Act), requires state agencies, including universities, to maintain an active and continuing records management program.

Library of Virginia, Records Management Section

C. DEFINITIONS

Certificate of Destruction - Also known as an RM-3, the document approving the destruction of records in accordance with Library of Virginia (LVA) Records Retention and Disposition Schedules. A completed RM-3 Form serves as evidence of proper disposal when records are subpoenaed as evidence, audited, or investigated.

Department Records Coordinators - Individuals who serve as liaisons between the University Records Manager and their respective departments.

Historical/Archival Records - Records that have long-term historical value as designated by the Library of Virginia, University Archivist and/or University Records Manager. Examples of historical records include but are not limited to Board of Visitors meeting minutes, President’s correspondence, research final reports and accreditation records. These records cannot be placed in any repository other than the University Archives.
**Records Custody Transfer** (also known as an ODU RM-1 Form) - The document authorizing transfer of inactive records to an onsite ODU storage facility, a commercial records storage facility, or the University Archives.

**Records Management Program** - A planned, coordinated set of policies, procedures, and activities needed to manage the University’s recorded information. The program encompasses the creation, distribution and use, maintenance and storage, and disposition of records, regardless of media. Essential elements include issuing up-to-date program policies and standards, properly training individuals responsible for implementation, publicizing the program, and carefully evaluating the results to ensure adequacy, effectiveness, and efficiency.

**Records Management Steering Committee** - Provides overall guidance and direction to the University’s Records Management Program.

**Records Retention and Disposition Schedule** - A listing of records series, approved by the Library of Virginia, that provides retention and disposition instructions for University records.

**Reference Copy** - Also known as a convenience copy, any copy of an official record created for the purpose of reference or research. If a convenience copy is maintained after the official record has been destroyed, the convenience copy becomes the official record.

**Transitory Information** - Records of temporary usefulness that do not document, support, or arise from University business processes. Examples include departmental social invitations to luncheons, showers, etc., unsolicited advertisements and memoranda of transmittal that add nothing of substance.

**University Archives** - The unit within Special Collections and University Archives, Perry Library, responsible for the appraisal, preservation of, and access to historical records of Old Dominion University.

**University Records** - Recorded information that documents a transaction or activity by or with any appointed Board member, officer, or employee of the University. Regardless of physical form or characteristic, the recorded information is a University record if it is produced, collected, received or retained in pursuance of law or in connection with the transaction of University business. The medium upon which such information is recorded has no bearing on the determination of whether the recording is a University record. University records include but are not limited to personnel records, student records, academic records, research records, financial records, patient records and administrative records. Record formats/media include but are not limited to email, electronic databases, electronic files, paper, audio, video and images (photographs).

**University Records Manager** - An official appointed by the Vice President for Administration and Finance who is responsible for providing standards, procedures, training and guidance to meet requirements for the proper management of University records. This individual is also designated the “Agency Records Officer” for Library of Virginia purposes.

**D. SCOPE**

This policy applies to all employees of the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. This policy does not apply to employees of affiliated organizations who are paid through the University.

**E. POLICY STATEMENT**
The University requires that its records be maintained in a consistent and logical manner consistent with applicable law.

The University’s Records Management Program is guided by a set of professional records management standards, best practices, and legal and regulatory requirements and complies with the Virginia Public Records Act.

Records created or received during the normal course of University business are the property of Old Dominion University and all employees are responsible for ensuring that records are managed in accordance with the University Record Management Program and in compliance with applicable Federal and State laws.

The Records Management Program is administered by the University Records Manager. The University Records Manager is assisted by a Records Management Steering Committee consisting of individuals who are primary stakeholders of University records.

Key components of the University Records Management Program include:

- Policies and standards that comply with the Virginia Public Records Act and Library of Virginia guidelines.
- Training and awareness opportunities for employees who are responsible for maintaining records in their possession.
- Maintaining University records so they are accessible throughout their lifecycle.
- Preserving records that are subject to audits or litigation, both potential and pending.
- Disposing of records by appropriate methods in accordance with the Records Retention and Disposition Schedules.
- Transferring records that are inactive by submitting them to Facilities Management, as approved by the Records Manager, for onsite storage or an offsite location approved by the University Records Manager when they are no longer needed for business use but must be kept until their scheduled retention period expires.
- Transferring records that have historical and archival value by submitting them to Special Collections and University Archives in Perry Library when they are no longer needed for business use.
- Conducting periodic audits to ensure policies and standards are being met.

F. PROCEDURES

1. Responsibilities

   a. Vice President for Administration and Finance

      i. Appoints the University Records Manager.
      ii. Appoints the Records Management Steering Committee upon the recommendation of the University Records Manager.
      iii. Provides necessary support and resources to the University Records Manager in the development and implementation of the University’s Records Management Program.
b. Records Management Steering Committee

i. Meets with the University Records Manager on a regular basis to provide guidance on issues impacting the University’s Records Management Program.

c. University Records Manager

i. Oversees and directs University Records Management Program.

ii. Trains and maintains communication with Department Records Coordinators; develops guidelines, procedures, presentations and tools to assist Department Records Coordinators in their duties.

iii. Undertakes periodic assessments of departmental records management activities, and reports on the same.

iv. Authorizes requests for destruction of University records by approving RM-3 forms.

v. Provides approval for all offsite storage locations for university physical records.

vi. Coordinates with the University Archivists transfer of historical/archival records to the University Archives as required by Library of Virginia records retention and disposition schedules.

vii. Works with appropriate units to ensure that holds on destruction of University records due to litigation, audit investigation or FOIA requests are observed.

viii. Advises senior management and Budget Unit Directors on records issues within their departments.

d. University Archivist

i. Works with Department Records Coordinators on scheduled transfers of historical records to the University Archives.

ii. Determines the historical value of select records that ordinarily are scheduled for destruction, but may be of enduring value to the University and advises departments of the same.

e. Department, Academic Unit, School, or Office Budget Unit Directors (BUDs)

i. Appoints one or more Department Records Coordinators for their respective areas and notifies the University Records Manager when coordinators change.

ii. Supports the University Records Manager/Department Records Coordinator in the development and implementation of the Records Management Program within their respective business unit.

iii. Determines what records they are required to retain in accordance with this policy and the Records Retention and Disposition Schedules.

iv. Ensures that staff understand their responsibilities and properly manage their records under the Records Management Program.

f. Department Records Coordinators

i. Serve as an information conduit between the University Records Manager and their respective departments.

ii. Meet with individuals and groups to promote awareness of and compliance with the Records Management Program.

iii. Coordinate the disposal of records within their offices.

g. All Employees
i. Comply with retention and disposition instructions in the Records Retention and Disposition Schedules approved by the Library of Virginia.

ii. Store electronic records in accordance with the University’s Data Administration Policy and associated standards as well as guidelines from the University Records Manager for management and authenticity.

iii. Destroy University records once the retention period has expired. A Certificate of Records Destruction (RM3) Form should be submitted and approved by the University Records Manager as required by the Virginia Public Records Act before destruction. Reference copies and transitory information do not require the submittal of an RM-3 form prior to disposal.

Records with “identifying information” must be disposed of within six months of the expiration of their retention period. Identifying information includes the following categories:

- Social security numbers;
- Driver’s license numbers;
- Bank account numbers;
- Credit or debit card numbers;
- Personal identification numbers (PIN);
- Electronic identification codes;
- Automated or electronic signatures or passwords;
- Any other numbers or information that can be used to access a person’s financial resources, obtain identification, act as identification, or obtain goods or services.

Information in confidential or privacy-protected records is protected from unauthorized disclosure through the ultimate destruction of the information. Destruction of confidential or privacy-protected paper records will be done by shredding, pulping, or incineration. Electronic records must be overwritten with meaningless data or the storage media must be physically destroyed.

Records containing public information can be recycled or disposed of in the trash.

2. Electronic Mail

ODU’s Electronic mail (e-mail) policy is to retain messages only as long as necessary for business purposes, unless they are required to be retained by the Library of Virginia. E-mails are automatically deleted after a specific period unless they are moved to “Managed Folders” that have pre-assigned retention periods. Messages do not require completion of an RM-3 form as deletion and/or preservation is controlled by Information Technology Services. RM-1 forms to transfer records considered to be historical are completed by Departmental Records Coordinators.
3. **Electronic Images**

Hard copy records may be converted to electronic images (preferably TIFF or PDF) as long they are accurate copies of the original records in conformity with [ITS Standard 11.6.0, University Source Document Imaging Standard](#). The electronic image becomes the official document for legal purposes and has the force of the original for audit, legal, FOIA and other related requirements. Destruction of the original hard copy record does not need to be authorized with an RM-3 Form. The University Records Manager should be consulted before initiating any large conversion effort.

4. **Historical/Archival University Records**

Records designated with historical/ archival value, as listed in the Records Retention and Disposition Schedules, or determined to be so by the University Archivist must be transferred to the University Library’s Archive/Special Collections, and accompanied by a completed ODU RM-1 Form.

5. **Audits, Court Orders, Investigations and Freedom of Information Act Requests**

Retain all records requested or placed on hold by internal offices (such as University Counsel, University Auditor, University Registrar, designated FOIA Officer, etc.) until cleared by the office placing the hold, regardless of retention requirements. Offices placing holds or requests for University records should copy the University Records Manager on all notices.

6. **Storage of Regulated or Confidential Information**

For electronic records and data in general, ODU follows the requirements of [Information Technology Services Standard 02.3.0, Data Administration and Classification Standard](#).

7. **Affiliated Organizations**

While affiliated organizations are not subject to the Virginia Public Records Act, they are strongly advised to follow best practices for records management. Affiliated organizations may use consulting services provided by the University Records Manager. Affiliated organizations are separate entities that exist for the benefit of the University and include the Foundations, the Community Development Corporation, and the Alumni Association.

8. **Certain Federal grant records may be required to be treated as University records and subject to the Virginia Public Records Act.**

9. **Other records management specific procedures are maintained internally and may be available to relevant parties upon request to the University Records Manager.**

Questions or concerns related to the application of this policy should be directed to the University Records Manager. The University Records Manager may consult with the Library of Virginia, as appropriate, to determine application of the records retention schedules to specific University records.

**G. RECORDS RETENTION**

Applicable records must be retained and then destroyed in accordance with the [Commonwealth’s Records Retention Schedules](#).
H. RESPONSIBLE OFFICER

University Records Manager

I. RELATED INFORMATION

- Family Educational Rights and Privacy Act
- Health Insurance Portability and Accountability Act
- Virginia Freedom of Information Act, Code of Virginia Section 2.2-3700 et seq., as amended
- Code of Virginia Section 2.2-3704.2, as amended – Public bodies to designate FOIA officer
- Virginia Rules of Civil Procedure, Code of Virginia Section 8.01-285 et seq., as amended
- Virginia Civil Remedies and Procedures; Evidence, Code of Virginia Section 8.01-385 et seq., as amended
- ISO 15489-1:2016 Information and Documentation — Records Management
- Generally Accepted Recordkeeping Principles®
- Board of Visitors Policy 1424 - Policy on Intellectual Property
- University Policy 3504 - Data Classification Policy
- University Policy 3505 - Information Technology Security Policy
- University Policy 3506 - Electronic Messaging Policy for Official University Communication
- University Policy 4100 - Student Record Policy
- Freedom of Information Act (FOIA) – Rights and Responsibilities
- Information Technology Standard 02.3.0 - Data Administration and Classification Standard
- Information Technology Standard 11.6.0 - University Source Document Imaging Standard
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ G. Mark Walsh  May 28, 2019
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  February 26, 2019
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Gregory DuBois  July 25, 2019
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  July 31, 2019
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  August 1, 2019
President  Date

Policy Revision Dates:  November 7, 1990; August 1, 1991; June 18, 2013; August 1, 2019

Scheduled Review Date:  July 31, 2024
A. PURPOSE

The University Student Record Policy is formulated to protect the privacy of the student information that is maintained by the University, and provide access to student records to those having a legitimate reason to view such records. The regulations and procedures to ensure adequate protection of student records are provided in this policy.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The University Student Record Policy is intended to conform with all State and Federal statutes dealing with access of information held by an educational institution on present and former students. (FERPA Cite 20 U.S.C. 1232 (g); Government Data Collection and Dissemination Practices Act, Code of Virginia Section 2.2-3800, et seq., as amended.)

Code of Virginia Section 23.1-405, as amended. Student records and personal information; social media.

C. DEFINITIONS

De-identified Data – Data are de-identified if a reasonable determination is made that the student’s identity is not personally identifiable, whether through single or multiple releases, taking into account other reasonably available information.

Family Educational Rights and Privacy Act (FERPA) – The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."
Personally Identifiable Information - Includes direct identifiers, such as social security number, as well as indirect identifiers, such as the name of the student’s parent or family member or other personal information that would allow a reasonable person in the community to identify the student with reasonable certainty.

Proxy Access – A proxy is a person authorized to view student information by the student. This is authorized in the LEO Online Self Service pages. Proxies are authorized for specific pages, for a specific time frame.

Student Records refers to those files and their contents that are maintained by official units of the University.

D. SCOPE

This policy applies to authorized employees, employees of affiliated organizations paid through the University, contractors and volunteers accessing, for any reason, the records of all students who attend or have attended Old Dominion University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons, including student employees, who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Generally, students have the right to review any official record that the University maintains on them. Generally, access to records by others, without student permission, is limited to purposes of an educational nature. When access is permitted, documents will be examined only under conditions that will prevent unauthorized removal, alteration or mutilation. Information to which the student does not have access is limited to:

- Financial records of parents or guardians;
- Confidential letters of recommendation received by the University prior to January 1, 1975;
- Specific confidential letters of recommendation received by the University on or after January 1, 1975, for which students have waived their right of access;
- Medical-psychological records used in connection with treatment of the student. Students may, however, sign a release to request copies of their health records; and
- Old Dominion University Police Department and Department of Human Resources records, when utilized for internal purposes by those offices in their official capacities.

The University Registrar is the custodian of the official academic record maintained by the University and is the office designated to release official transcripts on behalf of the University. The Office of the University Registrar is the initial point of contact for questions related to these rules. Subpoenas seeking education records are served on the Office of the University Counsel. No documents shall be released or information disclosed until University Counsel determines that the subpoena is valid.

Only the following offices are authorized to release non-directory information upon written authorization of the student, subpoena or court order: Office of the University Registrar, Career Development Services, Office of Finance, Student Financial Aid Office, Office of the Dean of Students, and Office of the Dean in each of the academic colleges and Advising
Centers. The non-directory information that these offices are permitted to release includes, but is not limited to, the following:

- **Office of the University Registrar**: admission records, cumulative academic records, Veteran’s records, transfer records

- **Career Development Services**: information necessary to gain or maintain employment (part time, work/study, co-op/internship, full time)

- **Student Financial Aid Office**: financial aid records (scholarships, grants, etc.)

- **Office of the Dean of Students**: disciplinary and student organization records

- **Office of the Dean in each of the Academic Colleges and Advising Centers**: advising records

- **Office of Finance**: business records (tuition, fees, etc.)

The appropriate official will collect and maintain records not included in the categories listed above and will make them available for inspection and review.

1. **Access to Student Records by the Student**
   a. A student has the right to inspect his/her record (as defined earlier in this section) and is entitled to an explanation of any information therein. Most record information is available to students in the self-service system, Leo Online.
   b. Documents submitted to the University will not be returned to the student. Academic records received from other institutions will not be sent to third parties external to the University or released to the student. The student must request those records from the originating institution.
   c. Official records and transcripts of the University (signature and/or seal affixed) will be provided directly to other institutions or agencies at the student’s request. Official records given directly to the student will be clearly marked “Issued to Student.”
   d. Should a student believe his/her record is incorrect, a written request must be submitted to the appropriate University official indicating the incorrect information and the information that should be entered. The official will respond within 14 business days of the student’s request.
   e. Students should be referred to my.odu.edu to view grades.

2. **Access to Student Records by Others**
   a. Old Dominion University hereby designates the following information as information that may be released to the public by the University – known as directory information under the Family Educational Rights and Privacy Act (FERPA). Such information may be disclosed by the institution at its discretion.

   1. Name;
   2. E-Mail address;
   3. Date of birth;
   4. Photograph;
   5. Major field of study;
6. Participation in officially recognized activities;
7. Weight and height of athletic team members;
8. Dates of attendance;
9. Degrees, honors, and awards received; and
10. The most recent educational institution attended.

Except as described in item 9 below, directory information will not be released for commercial purposes by administrative offices of the University.

b. Students may withhold disclosure of directory information under the Family Educational Rights and Privacy Act of 1974. To withhold disclosure, written notification should be submitted to the Office of the University Registrar. A form that can be used for this purpose is available from the Office of the University Registrar. A request to withhold directory information will remain in effect until rescinded in writing by the student.

c. Confidential information should not be released by telephone or any other method for which authentication of the requestor is not practicable.

d. All other student information will be released only upon written request of the student, except those instances cited below.

3. Disclosure to Members of the University Community

a. Access to student records for administrative reasons for faculty and administrative staff is permissible provided that such persons are properly identified and can demonstrate a legitimate educational interest in the material.

b. Access to de-identified data for the purpose of research by faculty, administrative staff, and graduate students is permissible when authorized by the department head and the administrator of the office concerned. When applicable, documentation of human subjects review and approval is required.

c. Information requested by student organizations of any kind will be provided only when authorized by the Dean of Students.

4. Disclosure to Parents and Organizations Providing Financial Support to the Student

a. Records may be released without prior student approval to a parent or guardian on whom the student is financially dependent. Parents or guardians must furnish Federal tax records for the prior year that demonstrate tax dependency to the Office of the University Registrar. Students will be informed when the record is released.

b. Records may be released to organizations providing financial support to a student upon official request and written waiver from the student.

5. Proxy Access for Identified Family Members

Students can grant access to family members in the self-service system, LEO Online. Management of proxy permissions is managed entirely by the student through granting of specific permissions for viewing the student’s schedule of classes, bill, address information, grades, or transcript. Confirmation of proxy access is documented by email.
communications between the self-service system, student and family member(s). The student may also create a passphrase known to the student and parent, but viewable by designated University staff if questions arise.

6. Disclosure to Other Educational Agencies and Organizations

Information may be released to another institution of learning, research organization, or accrediting body for legitimate educational reasons provided that any data shall be protected in a manner that will not permit the personal identification of the student by a third party. It is permissible to provide personally identifiable information to another institution to which the student intends to transfer or in which the student is dually enrolled.

7. Disclosure in Connection with Audit or Evaluation of Federal or State Supported Education Programs

Authorized representatives of the following entities are permitted access to student records when the disclosure is in connection with an audit or evaluation of Federal or State supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs:

- Comptroller General of the U.S.
- Secretary of Education
- U.S. Attorney General (for law enforcement purposes only)
- State and local authorities

Information collected for this purpose must be protected in a manner that does not permit personal identification of individuals by anyone except to the officials of the agencies identified above, and such records must be destroyed when no longer needed for the purposes identified above.

8. Disclosure to Military Recruiters in Response to a Solomon Amendment Request

The Solomon Amendment requires the institution to provide certain identified information to military recruiters even if the information has not been designated “directory information” under FERPA. The information provided may include only the following student information: name, telephone, age, date of birth, place of birth (not maintained by Old Dominion University), level of education, academic major, degree(s) received, and educational institution in which the student was most recently enrolled.

a. This information can be provided once each semester to each of the eligible units within the five branches of service: Army, Army Reserve, Army National Guard; Navy, Navy Reserve; Marine Corps, Marine Corps Reserve; Air Force, Air Force Reserve, Air Force National Guard; and Coast Guard, Coast Guard Reserve.

b. This information can only be withheld if the student has elected record confidentiality.

9. University-Affiliated Foundations and Organizations

Under very specific and clearly defined circumstances, University-affiliated Foundations or organizations may have access to student directory information and may release this information to third-party vendors for purposes of communicating with current and
former students as well as parents about benefits offered by the vendor. These circumstances may include, but are not limited to, affinity partnerships with the Alumni Association.

This information may be made available to third-party vendors only when a formal request is made to and approved by the University Registrar, and only if the use and dissemination of such information is consistent with University policies and procedures and State and Federal laws and regulations, including the Federal Educational Rights and Privacy Act (FERPA).

F. PROCEDURES

Administrators, faculty and staff who work with student records and confidential student information should complete training on the Family Educational Rights and Privacy Act of 1974 offered by the Office of the University Registrar and available on-line in several formats. Questions about the policy and implementation should be referred to the University Registrar.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

University Registrar

I. RELATED INFORMATION

Virginia Freedom of Information Act, Code of Virginia Section 2.2-3705.4, as amended
American Association of Registrars and Admission Officers (AACRAO)
University Policy 3700 – Records Management Policy
ODU Alumni Association Affinity Partnerships
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Humberto Portellez  September 25, 2018
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  May 22, 2018
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Ellen Neufeldt  October 1, 2018
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  October 3, 2018
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  October 8, 2018
President  Date

Policy Revision Dates:  December 1, 1988; August 12, 1999,  August 1, 2003; November 1, 2004; September 2, 2008; September 30, 2009; January 16, 2016; October 8, 2018

Scheduled Review Date:  October 8, 2023
A. PURPOSE

The purpose of this policy is to define the procedures used to accommodate students with disabilities.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Section 504 of the Rehabilitation Act of 1973

Americans with Disabilities Act of 1990, as modified by the ADA Amendments Act of 2008

C. DEFINITIONS

Disability - A person has a disability within the meaning of Section 504 if the person has a mental or physical impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Major Life Activity – Major life activities include, but are not limited to, the following: self-care, manual tasks, walking, seeing, hearing, breathing, standing, thinking, concentrating, reading, learning, sleeping, working, bending, communicating, reproducing, normal cell growth, immune system function, digestive function, bowel function, bladder function, neurological function, brain function, respiratory function, circulatory function, and endocrine function.

Physical and Mental Impairment - Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic and lymphatic, skin and endocrine; or any mental or psychological disorder such as intellectual disability (formerly termed mental retardation), organic brain syndrome, emotional or mental illness, and specific learning disabilities.
Reasonable Accommodation – Reasonable accommodations are meant to provide equal access to the University and include reasonable modifications to rules, policies, or practices; the removal of architectural, communication or transportation barriers; or the provision of auxiliary aids and services. Reasonable accommodations shall not fundamentally alter the University's programs or cause undue hardship to the University.

Retaliation – Overt or covert acts of discrimination—including harassment, interference, intimidation, penalty, coercion, reprisal or restraint—against a group or individual for exercising rights under this policy, including, but not limited to:

- the right to request an accommodation;
- the right to insist upon an individualized, case-by-case determination for determining a reasonable accommodation; and
- the right to use that reasonable accommodation.

Retaliation also includes discrimination against any individual because the individual has opposed any violation of this policy, or because that individual made a charge, testified, assisted, or participated in any manner in an investigation of a complaint under this policy. Retaliation shall be deemed to constitute discrimination and, therefore, will be considered a separate violation of this policy.

Technical Standards - Technical standards are all nonacademic criteria or standards for admission to or participation in the program in question. Examples: ability to lift, ability to drive, ability to use specialize equipment, ability to look through a microscope, ability to read music, ability to respond in emergency situations. Any such requirements must constitute essential functions of the course of study and all requirements are subject to reasonable modification upon request. Only when reasonable modification would cause undue burden, fundamental alteration of the course or program, or direct threat will the request for a modification be denied following an individualized assessment.

D. SCOPE

This policy applies to all employees, students, prospective students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution as needed to meet the legitimate needs of the students with disabilities. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University's programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, and all other persons located on property, owned, leased, or otherwise controlled by the University. Sanctions for violations of this policy include, but are not limited to, counseling, training, reassignment, or the initiation of termination proceedings.

E. POLICY STATEMENT

Old Dominion University is committed to providing students with disabilities the same opportunity to achieve academic success as it provides for all students. The provision of services to students with documented disabilities at Old Dominion University is based on the principle of non-
discrimination and accommodation in academic programs set forth in the implementing regulations for Section 504 of the Rehabilitation Act of 1973 and Titles I and II of the Americans with Disabilities Act of 1990, as modified by the ADA Amendments Act of 2008. These services will be provided within the basic guidelines to follow, with the understanding that students with disabilities may require unique accommodations and must have their needs assessed on a case-by-case basis. The provision of accommodations need not guarantee students equal results or achievement; accommodations must only afford them an equal opportunity for achievement.

F. PROCEDURES

1. Recruitment: The Office of Admissions at Old Dominion University will make all reasonable efforts to ensure that all recruitment activities are made accessible to persons with disabilities. All entities hosting Old Dominion University recruitment activities will be encouraged to provide facilities that are accessible so that interested persons with disabilities will not be excluded or denied participation. With reasonable notice, Old Dominion University, if hosting a recruitment event, will provide accessible services. All requests for interpreters or assistive technology services must be made to the Office of Educational Accessibility with reasonable advance notice ahead of the recruitment function.

2. Admission to the University

   a. General Admission: A prospective student with a disability may choose, but is not required, to self-disclose during the admissions process. If a prospective student chooses to disclose his or her disability it will not be considered as a factor when determining the student’s qualification status.

   b. Technical Standards: Each academic program has established and published technical standards. Prospective students with disabilities should review applicable technical standards in their intended program of study to determine if they can meet the technical standards with or without accommodations. If there is a concern about the ability of a student to meet the technical standards, the student should contact the Office of Educational Accessibility. Staff from the Office of Educational Accessibility will work with the student, the academic advisor, and the department chair to determine if accommodations can be made to help the student meet the standards of concern. The University, however, is not required to make major academic adjustments, fundamental changes, or substantially modify standards for any academic program.

3. Determination of Need for Reasonable Accommodations/Academic Adjustments

   The information sent to students upon acceptance to the University shall include a notice that it is the responsibility of students with disabilities to contact the Office of Educational Accessibility in order to arrange for accommodations.

   Students who request reasonable accommodations must be prepared to provide documentation of the disability by a qualified professional to the Office of Educational Accessibility before accommodations will be implemented. The documentation must be current and must provide sufficient information to assist the institution in determining how the disability will impact the student’s ability to function in the University environment. Although formats will vary, the following critical data should be included in any documentation in support of a request for accommodations:
• The student’s name, the dates of examination or testing, the examiner’s name and credentials;
• Identification of the problems or reasons for referral;
• In cases of learning disability, a list of the tests administered, including the names of the tests, as well as the versions used;
• An analysis or interpretation of the results;
• Diagnostic summary with a brief composite of the entire assessment process. The summary should address the concerns raised in the section on reasons for referral;
• Recommendations of accommodations necessary to support the student in the learning environment; and
• The student’s evaluator should include a statement about whether the disability requires evaluation more frequently than every five years to be reliable.

Staff in the Office of Educational Accessibility will review the documentation provided by the student in order to determine if the documentation meets the guidelines set forth above. If the documentation does not meet the guidelines set forth above, the student will be asked to return to the initial evaluator and request additional documentation. If the documentation meets the standards, staff will determine what reasonable accommodations will be necessary in order to support the student. Staff will meet with the student in a timely manner to review the documentation and develop an accommodation plan. In most cases this initial meeting will be held within two weeks of receiving the paperwork. The student will receive written verification of the accommodation plan and corresponding Accommodation Letters from the Office of Educational Accessibility.

It is the student’s responsibility to provide faculty members with Accommodation Letters, for their record, each semester in order for accommodations to be provided. These letters verify the existence of a disability and identify reasonable accommodations. This process is referred to as “self-disclosure” of a disability. The student and faculty member shall discuss the implementation of appropriate accommodations and sign the Accommodation Acknowledgement Form. The student must return the signed form to the Office of Educational Accessibility. Questions about implementation of accommodations should be directed to the Office of Educational Accessibility. The Office of Educational Accessibility will work with the student and faculty member to facilitate timely implementation of accommodations.

Students are encouraged to self-disclose by providing Accommodation Letters to their instructors at the beginning of each semester to ensure timely implementation of accommodations.

Please note: Timely implementation can be negatively impacted by delayed delivery of Accommodation Letters. Students who have a documented disability may elect not to disclose their disability. In this case, course accommodations will not be provided. However, if a student seeks accommodations later in the semester, the student should be aware that in general accommodations are not retroactive and in general previous grades will stand as earned. Once requested, the Office of Educational Accessibility will attempt to implement accommodations in a timely manner, usually within two weeks.

The types of accommodations provided to students with documented disabilities will vary depending on the nature of the disability and the course content. Often an initial trial-and-error period may be needed to determine the best way to accommodate a student’s disability. If accommodations do not meet the needs of the student, the student should contact the Office of Educational Accessibility for further assistance.
If accommodations are not agreed upon by a faculty member or are not implemented, the student should immediately contact the Office of Educational Accessibility. Staff from the Office of Educational Accessibility will work with the student and faculty member to reach agreement on the accommodations to be provided. If an agreement cannot be reached, the student may follow the procedures outlined in Section 5 of this policy.

4. Accommodations

a. Course Accommodations: The University shall provide reasonable course accommodations to students with disabilities on a case-by-case basis. Course accommodations may include, but are not limited to, extended time (up to double time) to take tests, testing in a distraction-reduced setting, use of computers and spell-check for assignments and exams, use of tape recorders or other assistive technology devices in the classroom and on exams, accessible and priority seating in classes, providing scribes for exams, providing volunteer note-sharing for classes, and providing sign language interpreters for classes.

b. Interpreting Services and Special Equipment: Students requiring sign language interpreters or special equipment should provide notice at least 10 days in advance.

c. Student Services and Activities: The University shall provide reasonable accommodations for participation in and use of student services and activities including housing, health insurance, counseling, financial aid, physical education, athletics, recreation, transportation, dining, or other co-curricular programs or activities.

At athletic and co-curricular activities, such as concerts and stage entertainment, accessible seating will be provided for students using wheelchairs. For Old Dominion University sponsored lectures, cultural activities, convocations and commencements, the participation of persons with disabilities shall be made accessible, upon request, through the aid of sign language interpreters, assistive technology or other reasonable accommodations. Arrangements shall be made by the Office of Educational Accessibility if sufficient notification is given, ideally, at least 10 days in advance of the event.

d. Housing: The University shall provide reasonable housing accommodations for students requiring them due to their documented disabilities. Reasonable housing accommodations include, but are not limited to, accessible residence hall rooms and single room status, when requested.

All students requesting housing accommodations must complete their housing applications and pay their housing deposits within the timeframes published on the Housing and Residence Life website. They are encouraged to go through the self-selection process required for all students requesting on-campus housing.

If housing accommodations are necessary, students must provide sufficient documentation stating why housing accommodations are required to the Office of Educational Accessibility. This documentation will be carefully reviewed by staff from the Office of Educational Accessibility in order to ensure that the documentation and requests support the assignment of individual students to a limited supply of accessible housing. Staff from the Office of Educational Accessibility will meet with the student to develop specific housing accommodations. Documentation must be provided by the deadlines listed for fall housing enrollment below:
June 1 for first-time freshmen  
January 15 for return housing students  
May 1 for transfer students

Spring and summer housing enrollment occurs on a rolling basis. Students should provide documentation for housing accommodations as soon as they apply for on-campus housing.

Requests submitted after these dates will be considered, but there is no guarantee that the accommodations will be able to be fulfilled.

The Office of Educational Accessibility will forward housing accommodation requests to the Office of Housing and Residence Life. The Office of Housing and Residence Life will assign residence hall accommodations based on information provided by the Office of Educational Accessibility. Students will be informed of their room assignment by the Office of Housing and Residence Life.

Students who require housing accommodations will not incur additional costs associated with their accommodations.

5. Complaint Resolution Process

If a student with a documented disability believes that he/she has not been provided with the services to which he/she is entitled or he/she has been the victim of retaliation, the student should direct his/her complaint to the Office of Institutional Equity and Diversity. The student shall provide some documentation of the disability, if necessary, to review the claim of retaliation, the nature of the discrimination, and any other information deemed relevant. The Section 504/ADA Coordinator will then attempt to reach an agreement through the alternative resolution process. The decision of the Section 504/ADA Coordinator is final.

6. Confidentiality

Disability-related information may be released on a legitimate need-to-know basis within the University community only when there is a compelling reason for disclosure regarding some specific aspect of the confidential information, such as providing an appropriate accommodation. This determination is made by the Director of the Office of Educational Accessibility.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedules.

H. RESPONSIBLE OFFICERS

The Section 504/ADA Coordinator will monitor the implementation of these guidelines.

The Director of the Office of Educational Accessibility will implement the University’s policies and procedures for students with disabilities and uphold the mission of the office. The Director will also oversee student requests for accommodation and assistance, assist University employees in
providing equal access and reasonable accommodations, and ensure the appropriate delivery of equipment and services

I. RELATED INFORMATION

Office of Institutional Equity and Diversity
University Policy 1005 – Discrimination Policy
University Policy 5406 - Accommodations for Individuals with Disabilities
POLICY HISTORY

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Elizabeth V. Dickie               May 30, 2017
Responsible Officer

/s/ ReNeé Dunman                     May 30, 2017
Responsible Officer

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks                   May 23, 2017
Chair, Policy Review Committee (PRC)

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Ellen Neufeldt                   June 2, 2017
Responsible Oversight Executive

University Counsel Approval to Proceed:

/s/ R. Earl Nance                    June 5, 2017
University Counsel

Presidential Approval:

/s/ John R. Broderick                June 6, 2017
President

Policy Revision Dates:               December 1, 1988; May 2, 1994; September 2, 2008;
                                    May 4, 2012, June 6, 2017

Scheduled Review Date:               June 6, 2022
A. PURPOSE

The purpose of this policy is to ensure that all participants in education abroad programs maintain adequate levels of comprehensive international insurance coverage.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Education Abroad Programs – Education Abroad Programs comprise credit and non-credit programs, engaged in by students, that take place outside of the United States, including: study, internship, work, volunteer, research, conferences and/or service-learning programs, that are in any way affiliated with Old Dominion University and/or its faculty/staff. All students and faculty/staff who are traveling with them are included in this policy.

Comprehensive International Insurance Coverage – For purposes of this policy, comprehensive international insurance is coverage that equals or exceeds the following.

- $500,000 in Medical Coverage per Covered Injury or Sickness
- No Medical Annual Limit
- $0 Deductible per Covered Injury or Sickness
- Worldwide Coverage – No Excluded Countries
- $20,000 Accidental Death & Dismemberment
- $100,000 in Repatriation of Remains
- $250,000 in Emergency Medical Transportation and Evacuation
- 24/7/365 Worldwide Emergency Services and Security Assistance
- Emergency Reunion Benefit
- Mental Health Coverage
Emergency Dental Coverage
Prescription Drug Replacement Coverage
$100,000 in Political, Military, and Natural Disaster Evacuation Coverage
Home Country Coverage up to 30 Days upon Return to the United States
Administered as Primary Coverage

D. SCOPE

This policy applies to all students, employees, employees of affiliated organizations who are paid through the University, and community members participating in education abroad programs that are administered, coordinated, sponsored or affiliated with Old Dominion University and/or its faculty/staff. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Community members include all persons participating in any education abroad program who are not officially enrolled in or paid by the University.

This policy does not apply to participants in travel abroad programs or activities that are not affiliated with Old Dominion University and the University holds no liability for these programs. This policy also does not apply to employees traveling abroad unrelated to an education abroad program.

E. POLICY STATEMENT

Old Dominion University requires that all students, employees, employees of affiliated organizations who are paid through the University and community members participating in Old Dominion University education abroad programs be covered by comprehensive international insurance for the duration of their programs.

Old Dominion University employees who sponsor, administer, or coordinate education abroad programs are required to include comprehensive international insurance coverage for all participants within their programs.

F. PROCEDURES

Individuals participating in Old Dominion University education abroad programs should contact the Office of Study Abroad to facilitate compliance with this policy. The process entails completing an international insurance application form and purchasing coverage through the Office of Study Abroad.

Students participating in education abroad programs are required to demonstrate comprehensive international insurance coverage for the duration of their programs or purchase the ODU-contracted international insurance coverage ("ODU Plan") through the Office of Study Abroad. If the education abroad program’s insurance policy does not meet ODU standards, students are required to purchase the ODU Plan. Evidence of comprehensive international insurance coverage must be provided at least 30 days in advance of the commencement of the education abroad program.
G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Senior International Officer, International Programs

I. RELATED INFORMATION

Old Dominion University Travel Guidelines
Beyond Duty: Standards of Insurance Management in Study Abroad Programmes
POLICY HISTORY

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Michael Dean       October 30, 2019
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks       July 23, 2019
Chair, Policy Review Committee (PRC)       Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Augustine O. Agho       November 5, 2019
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ James D. Wright       November 7, 2019
University Counsel       Date

Presidential Approval:

/s/ John R. Broderick       November 11, 2019
President       Date

Policy Revision Dates: March 4, 2009; January 31, 2013; November 11, 2019

Scheduled Review Date: November 10, 2024
A. PURPOSE

The purpose of this policy is to address the potential for research conflicts of interests by defining the process for identifying, reporting, evaluating and managing potential conflicts of interests to ensure that they do not threaten the integrity of the University’s scholarship, research, sponsored programs, evaluation, and administration.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Board of Visitors Policy 1424, Policy on Intellectual Property, governs the use and sale of intellectual property.

C. DEFINITIONS

Center Grant - Funding for a research center or a larger project in which there is one Principal Investigator listed for the funding but that Principal Investigator may or may not be involved in specific projects being conducted with the support of the funding mechanism.

Co-Investigator (Co-I) - A previously approved individual who participates in the design, conduct, and reporting of research.

Co-Principal Investigator (Co-PI) – Co-Principal Investigators are key personnel who have responsibilities similar to that of a PI on research projects. While the PI has ultimate responsibility for the conduct of a research project, the Co-PI is also obligated to ensure the project is conducted in compliance with applicable laws and regulations and institutional policy governing the conduct of sponsored research.

Data and Safety Monitoring Board – An independent group of experts tasked with oversight of a research project to ensure that study guidelines are being followed and to make decisions regarding study continuation based upon the existence of adverse events during the study. This
board has the power to stop a study based upon pre-determined criteria for study integrity not being met.

**Data Stewardship Committee** – Committee tasked with review of the data produced from a research activity to ensure that the data was collected and analyzed in accordance with the standards of the academic discipline.

**Licensed Start-up Company** - A licensed start-up company has the following characteristics: (1) a license or an option for a license for University or Old Dominion University Research Foundation (ODURF) intellectual property; (2) is not publicly traded; and (3) equity or an equity option is held by the University, by a University employee or student, by a member of the employee’s or student’s immediate family, or in trust for any employee’s or student’s immediate family. Excluded from this definition are companies that license only technology released by the University to the researcher/inventor or technology to which the University has no claim.

**Immediate Family Member** - A spouse and any other person residing in the same household as the officer or employee who is a dependent of the officer or employee or of whom the officer or employee is a dependent.

**PI Exclusion Rule** – Standard for service as a Principal Investigator on a human clinical trial research project. Investigators with a significant financial interest in the study cannot serve as a PI unless a waiver is obtained.

**Principal Investigator (PI)** – An employee who is responsible for the design, conduct, and reporting of research. The PI for any research activity conducted at a University facility must be a University employee or Old Dominion University Research Foundation (ODURF) employee, or, under appropriate circumstances, a student.

**Research Conflict of Interests (COI)** - A potential or actual research conflict of interests (COI) exists when commitments and obligations to the University or to widely-recognized professional standards are likely to be compromised, or perceived to be compromised, by a person’s outside interests or commitments, especially financial.

**Research Conflict of Interests Committee (COIC)** - The COIC is responsible for the oversight and management of potential conflicts of interests on the part of the University’s employees and the institution itself related to this policy, and it reviews conflicts related to technology transfer activities involving Licensed start-up companies.

**Research Review Boards** - Any and all Boards and Committees included under the **Policy on Research Review Boards** to regulate research at the University: Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee (IBC), Radiation Safety Committee (RSC), and individual college Human Subject Review Committees.

**Significant Financial Interest (SFI)** - A significant financial interest (SFI) includes an interest owned by the individual or immediate family members in an outside entity whose financial interests would reasonably appear to be affected by the individual’s research and/or administrative activities and means anything of monetary value, including but not limited to:

- Any equity interest, including stock options in a non-publicly-traded company held by an individual and immediate family members;
• Any equity interest, including stock options in a publicly-traded company held by an individual and immediate family members, that exceeds 5% ownership interest or a current value of $5,000, as determined through reference to public prices, recent financing events, or other reasonable measures of fair market value;
• Salary, consulting fees, honoraria, royalties, and milestone fees and other licensing proceeds received directly from a single outside entity that, when aggregated for the individual and immediate family members, are expected to exceed $5,000 in a 12-month period;
• Any sponsored or reimbursed travel related to institutional responsibilities, regardless of dollar amount.

The term SFI does not include:

• Salary or supplementary payments from the University or its affiliates;
• Income from seminars, lectures, or non-promotional engagements sponsored by governmental or non-profit entities;
• Income from service on advisory committees or review panels for governmental or non-profit entities;
• Royalties, milestone payments, or licensing fees paid through the University or its affiliates.

Study Evaluation Committee – Committee tasked with review of study results to ensure objective analysis and interpretation of the research data. The PI may serve as a member of this committee, but should not chair.

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution who are directly or indirectly involved in research activities, whether publicly, privately or internally supported. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

Pursuant to the Memorandum of Understanding between Old Dominion University and the Old Dominion University Research Foundation, employees of the Research Foundation are to adhere to this policy.

E. POLICY STATEMENT

Old Dominion University requires disclosure and management of outside relationships and organizational commitments of its faculty, scholars, investigators, and research staff/coordinators. This assures that the advantages of associations between academia and industry are being realized without the loss of the fundamental values of objectivity and freedom of inquiry in research and scholarship; that the University’s research programs and reputation are not
compromised by even the appearance of a lack of concern about this matter; and that no one will unfairly benefit from the University’s public trust or reputation.

The University’s Research Conflict of Interests Policy complies with Federal regulations related to financial conflicts of interests in research and will be subject to any appropriate modifications in order to conform to regulations of any Federal agency sponsoring the research in question.

Individuals involved in research activities must devote their primary professional efforts to the University to the extent required by their appointments. Other activities or commitments must be arranged so as not to conflict with or dilute this commitment. While time devoted to employment outside the contract period (i.e., for those on less than 12-month appointments) may not represent a conflict of commitment, it may represent a research conflict of interests (COI).

Potential COIs must be disclosed fully and accurately in all formal communications that may be impacted by the financial interest, including abstracts, publications, presentations, press releases, and applications or proposals for research funding.

Disclosure by University employees of financial, personal, or professional relationships that raise a potential COI or its perception is at the heart of the University’s COI policy and is a prerequisite for determining whether a conflict, once recognized, can be managed or reduced or, in some cases, eliminated. Moreover, the policy assures confidentiality in order to encourage full disclosure of potential conflicts without unduly intruding on the privacy of University personnel or their families.

The enforcement of this policy rests with the academic unit where the research is conducted, and, if not the same, the unit where the researcher has his/her primary appointment. The immediate supervisor of the individual involved in research activities should be cognizant of the activities taking place in the unit and should monitor the research as to potential and actual COIs.

EXAMPLES OF RESEARCH CONFLICTS OF INTERESTS

The following examples illustrate potential or actual COIs. They are by no means exhaustive but are illustrative of potential COIs that must be disclosed, avoided, or otherwise managed, reduced, or eliminated.

- Accepting gifts, gratuities, or special favors related to University research;

- Giving remunerated lectures for or on behalf of companies or organizations whose economic or political interests are affected or perceived to be affected by an investigator’s scholarly work;

- Entering into a paid consultancy with an entity that has an interest in the consultant’s University-based research;

- Commenting directly or indirectly to investors or investment analysts about unpublished research results that may affect the value of the shares of a for-profit company;

- Providing privileged access to information (particularly unpublished research results) developed with University resources or supported by independent sponsors to any external entity other than the sponsor;
• Engaging in the purchase or sale of securities of a company while possessing information on unpublished research results that may affect the value of the shares;

• Undertaking evaluative research when the investigator or the investigator’s immediate family member has a financial, managerial, or ownership interest in the sponsoring company or in the company producing the product being tested;

• Using students or employees of the University to perform services for a company in which an individual involved in research activities has an ownership interest or from which he/she receives any type of remuneration;

• Accepting support for research under terms that require results to be held confidential, unpublished, or significantly delayed in publication;

• Purchasing equipment, instruments, or supplies for research or teaching, or contracting services from a firm in which the individual involved in research activities has a financial or other interest;

• Influencing the negotiation of contracts between the University and outside organizations in which an individual involved in research activities has a financial interest or other relationship;

• Influencing the sub-contracting of Federally funded University research to an entity in which the individual involved in research activities has an interest; and

• Receiving royalties or non-royalty payments related to ongoing research.

F. PROCEDURES

1. GENERAL RESEARCH CONFLICT OF INTERESTS POLICY AND COI MANAGEMENT

The Research Conflict of Interests Policy outlines the requirements for disclosure, oversight, and management of potential and actual research conflicts of interests.

The Research Conflict of Interests Committee (COIC) is responsible for the oversight and management of potential conflicts of interests on the part of the University’s employees and the institution itself related to this policy, and it reviews conflicts related to technology transfer activities involving licensed start-up companies. Members of the COIC and the chair are appointed by the Provost. Membership consists of a broad spectrum of University faculty, staff members, and students involved in a cross-section of research disciplines, including two members proposed by the Faculty Senate, and administrators responsible for purchasing. The COIC also includes representation from the University Office of Research, and the non-University community. Representatives from the Old Dominion University Research Foundation (ODURF) and the Office of University Counsel serve as ex officio, non-voting members. Voting membership of the Committee shall not exceed 15, and a quorum shall consist of 50% of the total voting membership. The COIC reports through its chair to the Provost and Vice President for Research.

a. Responsibilities of Investigators and Scholars

i. COI Policy
Individuals involved in research activities must withdraw from decisions or the exertion of influence concerning any decisions by the University regarding any relationship affecting a company in which they or immediate family members have a significant financial interest (SFI).

Collegial communication among colleagues involving research information (such as sharing preliminary and unconfirmed results) is to be encouraged in an academic setting; in those few cases where exceptions to such an approach are unavoidable, the scope of the project must be defined so as to permit the exchange of as much information as possible. All research results must be submitted for publication or publicly disclosed unless specifically prohibited by a sponsor agreement.

Unpublished research results may not be disclosed to investors or investment analysts and should not be disclosed otherwise, except as permitted by the Innovations Commercialization Office in the Office of Research, in order to avoid potential or actual research conflicts of interests.

When consistent with the terms of their University appointments, students or visiting scholars may be employed by companies in which their supervisors or advisers have an SFI only with the prior approval of their department chairs or deans and informed consent by the student or visiting scholar. It is the responsibility of the faculty member to ensure that their students are informed of their responsibilities under this policy.

The Policy on Faculty Research and Development Assignments addresses the issue of faculty leave of absence. The pursuit of entrepreneurial endeavors is an acceptable reason to be cited in a request for a faculty research or development leave. A faculty member on research or development leave may be exempted by the COIC from restrictions on holding equity or a management role only for the period of the research or development leave.

ii. Disclosure

All individuals involved in research activities must submit a Research Conflict of interests Disclosure Form through IRBNet upon appointment, and annually thereafter, and at any time when the outside interests related to their research responsibilities change. The forms must be submitted to the Office of Research.

iii. Prior Approval

As required by Board of Visitors Policy 1421, Outside Employment, individuals involved in research activities must seek prior approval from their supervisors for any planned outside interests and activities that are, or could appear to be, in conflict with their commitments to the University for the purpose of managing, reducing, or eliminating potential or actual conflict.

Consulting contracts shall not convey ownership of intellectual property that is subject to the University’s Board of Visitors Policy 1424, Policy on Intellectual Property.
b. **Responsibilities of the Office of Research and First-line Supervisors**

i. **Review**

The Office of Research, as appropriate, shall:

a. Keep confidential all COI disclosures submitted to them by individuals involved in research activities, except to provide institutional or internal oversight as authorized by this policy and to comply with requests from Federal, State, and Foundation funding agencies as required under terms of a grant, contract, or cooperative agreement;

b. Review promptly the COI disclosures for existing or potential conflicts of interests and request and document additional details, including precise dollar figures or percentages for ownership interests or remuneration, if such details appear necessary to determine whether there is an impermissible conflict of interests;

c. In all cases notify the employee’s supervisor of these outside interests when a COI has been determined to exist; and

d. Notify the employees that the supervisors will be made aware of the disclosures of COIs submitted as a matter of routine and assist in monitoring COI management plans, if applicable.

ii. **COI Management**

Upon notification of the disclosures of their employees by the Office of Research, first-line supervisors shall meet with the employee individually and, as appropriate, discuss how potential or actual conflicts will be managed, reduced, or eliminated and recommend and initiate actions to do so, or they may refer the matter to the next higher administrative level.

Examples of appropriate actions to resolve COIs include:

a. Public disclosure of SFIs in abstracts, publications, presentations, press releases, and applications or proposals for research funding;

b. Monitoring of research by independent reviewers or an oversight committee;

c. Selection of a non-conflicted PI;

d. Disqualification from participation in all or a portion of the funded research;

e. Divestiture of SFIs;

f. Severance of relationships that create actual or potential conflicts;

g. Prospective discussions with supervisors of the time involved in any planned outside activities that may have the potential to conflict with, or appear to conflict with, commitments to the University;
h. Refusal by the University to enter into a research agreement if a COI cannot be managed effectively;

i. Participation of one or more non-conflicted persons in the evaluation of research data and/or preparation of manuscripts;

j. Partition a graduate student’s work when that student is funded by a sponsor where the student’s advisor has an economic interest

iii. Additional Actions by First-line Supervisors

a. Supervisors will direct employees to submit a management plan to the Office of Research prior to the expenditure of research funds, or, if the conflict is not disclosed prior to the beginning of research, no later than 30 days after learning of the conflict.

b. The Office of Research will notify the ODU Research Foundation that COIs involving Federal agency sponsors are being managed.

c. Possible additional actions

- Recommend and initiate actions leading to sanctions for non-compliance with this policy or the approved management plan;
- Seek the advice of the COIC.

iv. Annual Data Summary Report

a. The Office of Research will compile annual statistical reports that will summarize the COI disclosures, including the number of department employees whose conflicts were resolved or were not managed, reduced, or eliminated.

b. Each dean of an academic college will receive an Annual Data Summary Report for the entire college.

v. Disclosure of Outside Income

The University requires the reporting of an SFI. Some units, however, may require disclosure of the actual dollar amount.

c. Responsibilities of the Provost and the Vice President for Research

i. Both the Provost and the Vice President for Research receive the management plans that address reported outside interests and the Annual Data Summary Reports.

ii. Both the Provost and the Vice President for Research have the discretionary authority to review plans to prevent or manage COIs and to approve sanctions for non-compliance.

iii. Both the Provost and the Vice President for Research may request the assistance of the COIC in dealing with individual cases.
iv. The recommendation of the COIC, if any, will be conveyed to the Provost, who will take such recommendation under consideration.

v. The Provost’s ruling on any COI issue will be final.

d. Sanctions

Sanctions may be applied for non-compliance with the requirements of this policy or with management plans in the same way as for non-compliance with any other University policy, including a letter of reprimand, special monitoring of future work, removal from the particular project, probation, suspension, salary reduction, or initiation of steps leading to possible reduction in rank or termination of employment.

2. COI POLICY AND COI MANAGEMENT RELATED TO SPECIFICALLY REGULATED RESEARCH

a. COI Policy

For all cases involving researchers who have an SFI impacting specifically regulated research, the COIC or its designated subcommittee will submit a conflict management plan to the Provost, Vice President for Research, the PI, the investigator with the SFI, and his/her department chair and dean. In the event of discrepancies, the funding agency’s regulations addressing COI shall take precedence over the provisions of this policy.

This section does not apply to the overall PI of a multi-task project, such as one supported by a program project of a Center Grant, although it does apply to the PIs of the independent sections of such projects. There are two alternative ways of addressing a conflict related to an SFI held by the proposed PI:

i. In regard to human clinical trials, an investigator with an SFI should not serve as PI (this is known as the “PI exclusion rule”), and a non-conflicted PI should be sought to conduct the research. This alternate PI should have the necessary background and skills to conduct the project and should be scientifically and administratively independent of the conflicted investigator. The conflicted individual may be a co-investigator on the project, subject to some restrictions on the research role detailed in a conflict management plan developed by the COIC. In the case of research overseen by IACUC involving an investigator whose only SFI is in intellectual property rights, the applicability of the PI exclusion rule may be determined on a case-by-case basis.

ii. If a suitable non-conflicted PI cannot be found for human clinical trials, the conflicted investigator may ask for a waiver of the PI-exclusion rule if a case can be made for the existence of compelling circumstances. A request for such a waiver must be submitted, through the COI Committee to the Vice President for Research in the case of research overseen by the IRB.

iii. Compensation arrangements for support of human research studies shall not affect the conduct or influence the outcome of such research.

iv. In instances not involving human clinical trials, an investigator with an SFI may serve as PI only when a COI management plan has been approved by the employee’s first-line supervisor and department chair.
b. **COI Management Plan**

Any management plan must include the following:

i. **Disclosure**

   a. At the time of initial protocol submission, and at any time during the conduct of the research study when new interests are accrued, the PI must disclose to the Office of Research any SFIs of the individuals involved in research activities that may be affected, or perceived to be affected, by the outcome of the research study.

   b. In the case of research that is considered a “clinical investigation” under the U.S. Food and Drug Administration (FDA) regulations, investigators must also disclose: 1) any proprietary interest in the tested product (including, but not limited to, a patent, trademark, copyright, or a licensing agreement) and 2) all payments made by the sponsor of a covered study to the investigator or the institution to support activities of the investigator that have a monetary value of more than $25,000 (exclusive of the costs of conducting the clinical study or other clinical studies – e.g., a grant to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation or honoraria) during the time the clinical investigator is carrying out the study and for one year following the completion of the study.

   c. All participants in the project, including students, postdoctoral fellows, employees and human subjects, must be informed of the existence of a conflict.

   d. The existence of the conflict must be disclosed in all abstracts, publications, presentations, press releases, and applications or proposals for research funding related to research in which an investigator has a financial interest.

ii. ** Exceptions**

Requests for exceptions to a management plan not related to PI exclusion (e.g., to add/remove elements to/from the plan) shall be communicated to the Office of Research.

The request will then be forwarded to the COIC for deliberation. The results of these deliberations will be reported to the Provost, Vice President for Research and the investigator with the SFI within two weeks of receiving the request and to the COIC at its next meeting.

If an exception is granted allowing a conflicted investigator to be PI, the management plan must include at least these additional elements:

a. A Data Stewardship Committee (referred to below as the Committee) must be formed, appointed by the PI’s immediate academic supervisors together with the chair of the COIC. The chair of the Committee shall be a tenured Associate Professor or Professor at Old Dominion University, or a person of comparable standing from outside the University, who has adequate knowledge to scrutinize the data issuing from the project. This person must not have the same primary departmental affiliation as the PI, a financial conflict with the research project, or have had joint publications or grant support with the PI.
within the previous five years. There shall be at least two additional members
of the Committee, all free of financial conflicts with respect to the research in
question. One of these persons shall be a voting member of the COIC. The
major criteria for appointment to the Committee are independence from the PI
and sufficient background to understand the data from the study. In the case
of a University conflict in the form of equity in the entity sponsoring the
research, at least one member of the Committee shall be from outside the
University.

b. The Committee shall meet at least once a year and shall have the opportunity
to meet individually with members of the research team. The Committee must
have access to such information deemed sufficient and necessary to ensure
that data are interpreted in accordance with standards appropriate to the
discipline.

c. After each of its meetings, the Committee shall report in writing to the chair of
the PI’s department and to the COIC, attesting to its opinion about the integrity
and interpretation of the data.

d. The PI may not be the only person involved in interpretation of study results
but may be involved as part of a committee that evaluates study results. This
Study Evaluation Committee, comprised of predominantly non-conflicted
individuals, is not necessarily the same as the data stewardship committee.

e. The following additional provisions shall apply in the case of human subject
research:

i. The PI may identify possible subjects for the protocol but may not
   participate in enrollment.

ii. The PI may not administer the informed consent.

iii. The informed consent document shall include a disclosure of the existence
    of the PI’s financial interest, in a form approved by the IRB.

iv. The PI will not be involved in subjective assessments of eligibility criteria
    and intervention outcomes.

v. There shall be an independent and conflict-free Data and Safety Monitoring
   Board for any study considered by the IRB to involve more than minimal
   risk. This Board shall function under general guidelines from the Office of
   Research.

vi. In the unlikely event that the IRB is not in agreement with the proposed COI
   management plan and an agreement cannot be reached following the
   above procedures, the decision to grant approval of the protocol remains
   with the IRB.

f. The following additional provisions shall apply in the case of research using
   vertebrate animals:

i. A formal plan shall be devised in cooperation with the attending
   veterinarian for provision of “enhanced” veterinary oversight for the
   animals that serve as subjects for the project. As with all animal studies at
   the University, the attending veterinarian has the discretion to provide
   treatments to and/or humanely euthanize any research animals that may
   be deemed to be in pain or distress beyond that approved in the research.
C. Sanctions

The COIC will report any known violations of this policy to both the Provost and the Vice President for Research who, in turn, are responsible for invoking any sanctions they determine appropriate (e.g., suspension of human subject or animal enrollment, suspension of the research study) for non-compliance with COI management plans. Sanctions are invoked in cooperation with the investigator’s department chair and dean for violations of this policy or for non-compliance with the management plan.

3. COI POLICY AND COI MANAGEMENT RELATED TO LICENSED START-UP COMPANIES

a. COI Policy

i. Disclosure and Approvals

   a. The relationship of all individuals involved in research activities and immediate family members to the licensed start-up company, including the holding of equity, must be disclosed to, and reviewed and approved by, the department chair or dean and the COIC.

   b. Individuals involved in research activities must submit their financial disclosures at least annually, and as relationships change, to the Office of Research.

   c. The individual’s research conflict, potential or actual, must be disclosed in abstracts, publications, presentations, press releases, and applications or proposals for research funding when the described research involves matters that may be of interest to the licensed start-up company.

   d. Individuals involved in research activities must sign a Licensed Start-up Company Policy Compliance Statement that certifies that they understand applicable policies and agree to cooperate in their implementation.
ii. Equity

a. Institutional Equity

The University or ODURF may, in some circumstances, take stock in licensed start-up companies that do not have the financial resources to make full license payments in cash. In such cases licensed start-up companies should normally be required to pay for out-of-pocket patenting and related expenses. Equity shall not be held in sufficient amounts to confer management power, which generally would limit ownership to no more than 49% of closely held voting stock or 20% of publicly held voting stock. Review and approval of stock acquisitions shall be provided by the COIC as to COI matters.

The Office of Research determines the amount and form of equity to accept, subject to the approval of the ODURF Board and the Vice President for Research, as noted above. The ODURF Board merely holds the shares, once taken, and ensures that legal restrictions on transfer are observed up to and including the date when the shares are sold. When it receives equity security in exchange for intellectual property of the University, it is the policy of the ODURF Board to liquidate that security as soon as it is legally tradable and in a manner that allows for an orderly sale, consistent with market conditions. This policy holds regardless of the research activity that may be occurring at the University or elsewhere. By selling equity securities as soon as legal restrictions on transfer are lifted and market conditions permit, the ODURF Board makes no judgment whether to hold or sell an equity position in a company and is not influenced by other potential financial interests of the University or faculty who may be shareholders in the company.

Decisions on acquisition of company stocks for the University’s endowment are made by a third party investment manager having no connection with research administration or oversight.

b. Individually Held Equity

With the prior approval of the COIC, equity may be issued to inventors whose technology is being licensed and to other faculty, staff, and students, provided that a 49% ownership cap is placed on the aggregated stock and/or stock options held by the University or affiliates, its employees, students, and immediate family members, so long as their aggregated ownership interests do not constitute a controlling interest in the company.

iii. Offices and Positions

Individuals involved in research activities in a licensed start-up company may not hold management or operating positions in that company (e.g., officer of the company, member of the board of directors, chief scientific officer), although membership or chairmanship of the scientific advisory board is allowed.
iv. Consulting on behalf of companies in which individuals involved in research activities have an interest:

a. Consulting, in accordance with Board of Visitors Policy 1421, Outside Employment, may be undertaken, provided there is prior approval from the department chair or dean and the COIC.

b. Consultants shall not use University resources for purposes other than University business.

c. The University may claim rights to intellectual property developed by its employees in consulting arrangements in accordance with Board of Visitors Policy 1424, Policy on Intellectual Property.

d. Full-time University faculty may not provide any research effort to the company, whether compensated or not, other than through a Sponsored Research Agreement (SRA) with ODURF.

v. Research Grants and Contracts

a. Research grants and contracts, service agreements, and other contracts between ODURF and the licensed start-up company shall be negotiated on behalf of the University by the Office of Research, not by individuals involved in research activities.

b. Financial relationships must be disclosed in applications and proposals for research funding.

c. Individuals involved in research activities may not receive remuneration directly from a company for work subcontracted to that company by the University.

vi. Research Sponsored by a Licensed Start-up Company

Research sponsored by a licensed start-up company should generally be permitted in University laboratories provided that:

a. Proposals are reviewed by the COIC prior to approval;

b. Reports to the COIC on the sponsored activity are provided at least annually;

c. An investigator with an SFI in the company may not serve as PI;

d. In the case of Small Business Innovation Research (SBIR) or Small Business Technology Transfer Program STTR grants not involving research regulated by the IRB or IACUC, the Investigator with the outside interest may be the PI;

e. Participation as a researcher in a company’s SBIR or STTR program is limited to the sub-contract to the University or to the portion of the award made directly to the University;
f. Individuals involved in research activities who participate in company research, whether at University or company facilities, do so under SRAs negotiated by the Office of Research and not through consultancies;

g. Prior approval is obtained from the department chair or dean on the use of graduate and undergraduate students on such research; and

h. The study’s budget includes application of the University’s full indirect cost rate and all costs associated with the research study are borne by the company.

Any exception to the PI exclusion rule or request for an exception must be approved by the Vice President for Research upon the recommendation of the COIC; in case an exception is granted, the management plan indicated in section IV.B. applies.

vii. Licensing of University Technology

a. The Office of Research undertakes broad marketing and utilizes a common format for optioning or licensing a specified technology to either a licensed start-up company or an existing company. A comprehensive grant of future rights to all technologies from a research laboratory will not be allowed.

viii. Product Liability

a. In order to control the risk of product liability, a disclaimer of warranties to the licensed start-up company, along with comprehensive insurance, is required. Automatic indemnification of the University by the licensed start-up company also is required.

b. Review by the COIC

i. Initial Submission of Proposed Equity Ownership

The initial submission to the COIC shall be made on the Proposed Equity Ownership Form. This form requests, among other items, identification of individuals involved in research activities and immediate family members involved in the creation of the licensed start-up company, the products or services to be developed, ownership interests, any intended SRAs between the company and the University, and funding.

ii. Initial Review

The initial review will consider the proposed relationships among individuals involved in research activities, administrative and other University personnel, the licensed start-up company, and the University. The COIC may accept the proposed relationship with or without stated conditions, request additional information, or reject the proposed relationship.

Other forms required for an initial submission

a. Licensed Start-up Company Policy Compliance Statement

b. Approval of a Licensed Start-up Company by Chair/Dean

c. Notification to Students/Staff of Financial Interest in a Company (if applicable)
iii. Subsequent Review

Review will be required annually, upon the occurrence of changes in any elements of the initial submission, and upon the occurrence of specified triggering events. Changes in relationships with the University or with the licensed start-up company also will be reviewed.

iv. Conflict of Interests Committee (COIC)

To promote awareness and understanding of COI issues and their importance to the University’s mission and research integrity, the COIC and the Office of Research also fulfill an educational function, providing resources and training for the University community on these subjects. Examples of such resources include:

a. Working with department chairs, deans, and division heads, as requested, encouraging them to:
   • Disseminate COI information (policy, procedures, etc.) to individuals involved in research activities at departmental meetings, at the time of annual performance reviews, and during orientation programs for new employees; and
   • Adhere to consistent and equitable COI policies and procedures.

b. Presentations to academic units upon request.

c. Providing the University community with policy updates.

d. Preparation of updates to the material contained in web-based COI training modules.

If the failure of a researcher to comply with the University’s COI policy has biased the design, conduct, or reporting of Federally-funded research, the Provost or the Vice President for Research will conduct a retrospective review and promptly submit a mitigation report to notify the sponsoring agency of the corrective action taken or to be taken.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules (General Scheduled 111, Series 101170).
H. RESPONSIBLE OFFICER

Assistant Vice President for Research Compliance

I. RELATED INFORMATION

Board of Visitors Policy 1426 - Policy, Procedures and Timeline for Responding to Allegations of Misconduct in Scientific Research and Scholarly Activity
Policy on Financial Interests in Sponsored Programs
POLICY HISTORY
********************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

Responsible Officer ________________________________ Date ______________________

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ________________________________ September 24, 2019 ______
Chair, Policy Review Committee (PRC) ________________________________ Date ______

Executive Policy Review Committee (EPRC) Approval to Proceed:

______________________________ ________________________________
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

______________________________ ________________________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick ________________________________ October 1, 2020 ______
President ________________________________ Date

Policy Revision Dates: August 2, 2012; October 1, 2020

Scheduled Review Date: October 1, 2025
A. PURPOSE

This policy is to ensure that the Old Dominion University Office of Research (ODUOR), the Old Dominion University Research Foundation (ODURF), principal investigators (PIs) and other individuals involved in both funded and unfunded research collaborate to assess the application of export control regulations and assist with determining measures necessary for compliance.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Export Administration Regulations - Title 15 CFR Parts 730-774

International Traffic in Arms Regulations – Title 22 CFR Parts 120-130

C. DEFINITIONS

Controlled Technology – Controlled Technology is any technology listed on the Commerce Control List (CCL) or the United States Munitions List (USML).

Deemed Export – A deemed export is a release of technology or source code to a foreign national in the United States and is used often to preclude the participation of foreign national students and scientists in research that involves controlled technologies without first obtaining a license from the appropriate government agency. The official definition of export under the Export Administration Regulations and the International Traffic in Arms Regulations should be consulted when determining whether a specific act constitutes an export.

Export – Export control regulations define “export” to include an actual shipment, transfer or transmission of items controlled under the Export Administration Regulations or International Traffic in Arms Regulations out of the United States; any written, oral or visual release or disclosure of controlled technology, information or software to a foreign national either in the United States or outside the United States, or any use or application of controlled technology on behalf of or for the benefit of any foreign entity or person anywhere.
**Export Administration Regulations (EAR)** – The EAR controls technologies and products that serve primarily civil purposes, but may also have military applications. These regulations are promulgated and enforced by the Bureau of Industry and Security in the Department of Commerce under Title 15, sections 730-774 of the Code of Federal Regulations (CFR). Technologies and products that are controlled under the EAR are identified on the Commerce Control List (CCL), Title 15 CFR 774, Supp. 1, and divided into categories to include: Nuclear Materials, Facilities and Equipment, and Miscellaneous; Materials, Chemicals, “Microorganisms,” and Toxins; Materials Processing; Electronics Design, Development and Production; Computers; Telecommunications and Information Security; Sensors; Navigation and Avionics; Marine; and Propulsion Systems, Space Vehicles, and Related Equipment; and encryption source code and object code software.

**Foreign National** - Both the EAR and ITAR define “foreign national” as any foreign corporation, business association, partnership, trust, society or any other entity or group that is not incorporated or organized to do business in the United States as well as international organizations, foreign governments and any agency or subdivision of foreign governments, and any person who is not a citizen or lawful permanent resident of the United States (as defined by 8 U.S.C. 1101(a)(20)) or who does not qualify as a protected individual (as defined by 8 U.S.C. 1324(a)(3)).

**Fundamental Research** - As defined in EAR, Fundamental Research means basic and applied research in science and/or engineering where the resulting information is ordinarily published and shared broadly in the scientific community. Fundamental Research is distinguished from research where the results are restricted for proprietary or specific national security reasons. No University research, whether funded or unfunded, will qualify as Fundamental Research if: the University or researcher accepts any restrictions on the publication of the information resulting from the research, other than limited prepublication reviews by research sponsors to prevent inadvertent disclosure of their proprietary information or the compromise of the patent rights of sponsors; or the research is federally funded and the University and/or the researcher accepts specific access and dissemination controls regarding the resulting information. The EAR definition of Fundamental Research is available at 15 CFR § 734.8. The equivalent definition under ITAR, Public Domain, is located at 22 CFR § 120.11.

**International Traffic in Arms Regulations (ITAR)** – The ITAR control technologies, products and information that primarily serve military purposes. These regulations are promulgated and enforced by the Office of Defense Trade Controls in the Department of State. Technologies, products and information that are controlled under ITAR are identified on the United States Munitions List (USML), 22 CFR § 121.1.

**Office of Foreign Asset Control (OFAC)** – OFAC is an Office in the U.S. Department of Treasury which administers and enforces economic and trade sanctions based on US foreign policy and national security goals and provides a list of government-identified targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.

**Principal Investigator (PI)** – An employee who is responsible for the design, conduct, and reporting of research. The PI for any research activity conducted at a University facility must be a University employee or Old Dominion University Research Foundation (ODURF) employee, or, under appropriate circumstances, a student.
Public Domain – Public Domain is defined in the ITAR (22 CFR 120.11) as information that is "published and generally accessible or available to the public: through sales at newsstands and bookstores; through subscriptions which are available without restriction to any individual who desires to obtain or purchase the published information; through second class mailing privileges granted by the U.S. Government; at libraries open to the public or from which the public can obtain documents; through patents available at any patent office; through unlimited distribution at a conference, meeting, seminar, trade show or exhibition, generally accessible to the public, in the United States; through public release (i.e., unlimited distribution) in any form (e.g., not necessarily in published form) after approval by the cognizant U.S. government department or agency; and through fundamental research." The EAR definition of Public Domain is located at 15 CFR 734.8

Technology Control Plan (TCP) – A TCP is a document prepared by the Principal Investigator and approved by the Office of Research and the Old Dominion University Research Foundation. This document details the type of export-controlled information associated with a research project and the measures taken by the PI to ensure access to the export-controlled information is managed.

D. SCOPE

This policy applies to all employees, students, volunteers, and employees of affiliated organizations who are paid through the University, and vendors. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Volunteers include individuals who perform services in support of the University’s mission without promise, expectation, or receipt of compensation for services rendered. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

Pursuant to the Memorandum of Understanding between Old Dominion University and the Old Dominion University Research Foundation, employees of the Research Foundation are to adhere to this policy.

E. POLICY STATEMENT

Individual researchers (including Principal Investigators) have primary responsibility for complying with laws and regulations related to export control. The consequences of violating these regulations are severe and detrimental to individual members of the campus community as a whole, ranging from loss of research contracts to monetary penalties to jail time for the individual violating these regulations. In order to meet this responsibility, researchers should work with ODUOR and ODURF, as applicable, to:

- Determine the applicability of export control requirements to research before starting any research or if any changes to the research requires further action;
- Notify both offices of any changes in the scope or staffing of research projects that could alter initial determinations about the applicability of export control regulations;
- Notify both offices well in advance of sending scientific or computational equipment, including GPS equipment, and encrypted software out of the country in order to determine if a license is required;
Send all nondisclosure agreements to ODUOR for review and modification of any provisions that could eliminate institutional exclusions from export control requirements; and

Contact both offices before engaging in research activities with persons in countries subject to OFAC boycott programs.

Although primary responsibility for compliance rests with individual researchers, the ODUOR and ODURF will assist researchers in assessing the application of export control regulations and OFAC boycotts to specific projects.

F. PROCEDURES

1. For specific research contracts, nondisclosure agreements, and teaming agreements, the responsibility for determining the relevance of export control regulations will be shared among grant and contract administrators, PIs and others as follows:

- If the PI knows that a research contract, nondisclosure agreement or material transfer agreement may or will require shipping scientific or computational equipment out of the country or transmitting technology to foreign persons abroad, the PI should prominently disclose those facts when submitting the proposal to ODURF. The grant and contract administrator will work with the PI and the ODUOR to review the applicability of the EAR or ITAR and take appropriate steps as discussed below.

- The designated grant and contract administrator will work with the ODUOR to review the research contract, nondisclosure agreement or material transfer agreement for any terms or provisions that restrict access to the research or research information, limit the participation of foreign persons in the research, restrict the release of research results, or otherwise render inapplicable the exclusion for fundamental research conducted in the public domain.

No export license will be required as a condition of releasing research results or granting foreign persons access to the research if the project qualifies as fundamental research and research results will be publishable and generally accessible or available to the public.

- If the grant and contract administrator, in consultation with ODUOR, determines that provisions of the contract render the fundamental research and public domain exceptions inapplicable, and/or if such provisions cannot be eliminated through negotiation, the grant and contract administrator will consult with ODUOR and the PI to determine whether the technology or other material to be used in research is controlled under the CCL or the USML. In consultation with ODUOR, ODURF will make a final determination as to whether export control regulations apply to the project and will provide written notice of the determination to the PI, the department chair, the dean, and the Vice President for Research.

- In situations where a technology is arguably covered by both the EAR and ITAR, the University and ODURF may submit a Commodity Jurisdiction Request to the Office of Defense Trade Controls to decide whether Commerce or State has jurisdiction.

- If the decision is that a license is required, ODURF will send written notice of that decision to the PI, Vice President for Research, University Counsel and the appropriate dean and department chair along with recommendations on how to proceed. Ultimately, the PI will decide whether to seek contract modifications to eliminate the need for a license, to
reject the contract, to seek an exception to University policy to allow the project to continue, or take other appropriate actions. The grant and contract administrator will work with ODUOR and the PI and other appropriate parties to implement the determination.

- All export control decisions will be documented and kept on file by both ODUOR and ODURF.

2. Research involving ITAR-controlled items, software, or technology requires submission of and adherence to a Technology Control Plan (TCP). The Principal Investigator is responsible for the construction and implementation of a TCP. ODUOR will provide guidance by assessing the adequacy of the TCP. This plan will detail the type of export-controlled information associated with the research project and will detail the means by which access to the export-controlled items will be managed. The TCP should detail the following:

- Listing of all personnel working on the research project
- Sponsor information
- Description of the export-controlled items
- Details of the physical security in place to control access to the export-controlled items
- Details of the information security surrounding the export-controlled items
- Assurance that appropriate personnel screening and training has taken place.

Approval of the TCP by the Assistant Vice President for Research Compliance and the Executive Director of ODURF is required before export-controlled work can commence.

3. Research projects that involve international travel for the purposes of presenting research findings must undergo export control review by ODUOR and ODURF prior to travel to ensure that controlled technical information is not being disclosed. If a determination was made at the beginning of a project that export control regulations do not apply, no further review is required prior to travel unless the methodology or scope of the project changed since the initial review.

4. Collaborative research efforts with foreign nationals must be assessed by ODUOR to determine the relevance of export control regulations. If these regulations apply to the research project, actions taken may include:

- Assessing the project to determine whether or not a fundamental research exclusion applies
- Determining the need for a license to allow the foreign national access to project technology
- Vetting of proposed international visiting scholars to determine if they are on any sanction lists maintained by OFAC.

5. Training on export control regulations is required for all individuals working on projects involving controlled technology. Completion of online training through CITI (http://www.citiprogram.org/) is mandatory for all projects. Other training may be necessary based upon the type of technology being used and the security that surrounds the use of that technology. The Principal Investigator will consult with the Assistant Vice President for Research Compliance to determine what additional training will be required and make arrangements to obtain that training for his/her research team.
G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Research Compliance

I. RELATED INFORMATION

U.S. Department of Commerce, Bureau of Industry and Security (BIS)
U.S. Department of Treasury, Office of Foreign Asset Control
Visiting Scholar/Volunteer Policy
Old Dominion University Research Foundation Export Control List
Defense Technology Security Administration
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

_________________________________  __________________________
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  September 24, 2020
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

_________________________________  __________________________
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

_________________________________  __________________________
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  October 1, 2020
President  Date

Policy Revision Dates:  June 12, 2013; October 1, 2020

Scheduled Review Date:  October 1, 2025
A. PURPOSE

The purpose of this policy is to establish general digital data management standards and set the
shared responsibilities for ensuring that digital research and scholarly data serve the needs of
both the University and funding agencies.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make
rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws
grants authority to the President to implement the policies and procedures of the Board relating
to University operations.

Code of Virginia Section 23.1-2000 et seq., as amended

Bylaws of the Old Dominion University Board of Visitors, Article VI, §6.01 (c) (7)

C. DEFINITIONS

Access - The ability to find, read, enter, copy, download, or update data.

Consumer/User - An individual or organization that accesses Research and Scholarly Data.

Digital Data - The representation of discrete facts; any information in electronic format.

Institutional Data - Recorded information that documents a transaction or activity by or with any
appointed board member, officer, or employee of the University and may include, but is not
limited to, a University record.
Research and Scholarly Data (“Research Data”) - Digitally recorded information necessary to support or validate a research project’s observations, findings, or outputs. Specifically, data that are:

1. Acquired and/or maintained by University employees and/or students in performance of research and/or in pursuit of a scholarly activity;
2. Created or updated in pursuit of a research or scholarly function;
3. Necessary to support research or scholarly findings, establish validity of inventions, and prove ownership of Intellectual Property Rights.

Research and Scholarly Data Governance Committee (RSDGC) - The University-level committee that establishes overall policy and guidelines for the management of and access to the University’s research data in accordance with existing University policies and applicable law and regulation.

Research Data Management Plan - Plan for collecting, organizing, maintaining, and sharing or providing access to research data.

Researchers - Members of the University including employees, students, volunteers, employees of affiliated organizations, and visitors to the institution who are conducting research on University premises or using University facilities.

University Records - Recorded information that documents a transaction or activity by or with any appointed Board member, officer, or employee of the University. Regardless of physical form or characteristic, the recorded information is a University record if it is produced, collected, received or retained in pursuance of law or in connection with the transaction of University business. The medium upon which such information is recorded has no bearing on the determination of whether the recording is a University record. University records include but are not limited to personnel records, student records, academic records, research records, financial records, patient records and administrative records. Record formats/media include but are not limited to email, electronic databases, electronic files, paper, audio, video and images (photographs).

D. SCOPE

This policy applies to all employees, students, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution who create, preserve, retain, or use research data. It includes all externally funded research conducted by the University or affiliated organizations. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.
Except as approved by the Institutional Review Board or individual college Human Subjects Review Committees for use in research, data excluded from this policy are:

- personal medical, psychiatric, or psychological data for employees, students, and clinic patients;
- sole possession notes and records that are the personal property of individuals in the University community;
- Institutional Data, unless used in research; and
- instructional notes and materials

E. POLICY STATEMENT

Old Dominion University seeks to promote the highest standards in the management of research data as fundamental to both high quality research and academic integrity.

The University recognizes that accurate and retrievable research data are an essential component of any research project and necessary to verify and defend, when required, the process and outcomes of research. Research data are valuable to researchers for the duration of their research and may well have long-term value for research, teaching and for wider exploitation for the public good, by individuals, government, business and other organizations, as a project develops and after research results have been published.

The University acknowledges its obligations under research sponsors’ data-related policy statements and codes of practice to ensure that sound systems are in place to promote best practices, including through clear policy, guidance, supervision, training and support.

The University acknowledges that the management of research data is discipline-specific, and that funded research may have additional data requirements beyond what is presented in this policy.

Researchers, departments/faculties, divisions, central administrative units and service providers and, where appropriate, research sponsors and external collaborators, need to work in partnership to implement good practices and meet relevant legislative, research sponsor and regulatory requirements.

Research data should be:

- Accurate, complete, authentic and reliable;
- Identifiable, retrievable, and available when needed;
- Secure and safe;
- Kept in a manner that is compliant with legal obligations and, where applicable, the requirements of funding bodies and project-specific protocols approved through Office of Research;
- Able to be made available to others in line with appropriate ethical, data sharing, continuing research, intellectual property, proprietary, and open access principles.

When research is supported by a contract or a grant that includes specific provisions regarding ownership, retention and access to data, the provisions of that agreement will take precedence in the event of a conflict with this policy.

If research data are to be deleted or destroyed, either because the agreed period of retention has expired or for legal or ethical reasons, this should be done so in accordance with all legal, ethical,
and research-sponsor and collaborator requirements and with particular concern for confidentiality and security.

F. PROCEDURES

1. Researchers who create and own data have primary responsibility for:
   
a. Managing and maintaining research data in accordance with the principles and requirements described in Section E and principles of responsible data ownership as outlined in ITS Standard 01.2.0, IT Security Roles and Responsibilities.

b. Authorizing or identifying responsible access to research data, to include reading, entering, downloading, copying, querying, or updating data or information, as appropriate and in accordance with requirements of the granting organization, the publishers, and any applicable laws and regulations (e.g., human subject information), including breach notification when appropriate.

c. Developing and documenting clear procedures for the collection, storage, use, re-use, access and retention or destruction of the Research data associated with their research. This shall include policies and procedures established by the Research and Scholarly Data Governance Committee and, where appropriate, defining protocols and responsibilities in a joint or multi-institution collaborative research project. This information should be incorporated, where appropriate, in a Research Data Management Plan, for example, by using the DMPTool.

d. Planning for the ongoing custodianship (at the University or using third-party services) of their data after the completion of the research or, in the event of their departure or retirement from the University, reaching a written agreement with the head of the department/faculty (or designee) as to where such data will be located and how it will be stored. A copy of the written agreement shall be provided to the chair of the Research and Scholarly Data Governance Committee.

e. Ensuring that any requirements in relation to Research data management placed on their research by funding bodies, publishers, or regulatory agencies or under the terms of a research contract with the University or Affiliated Organizations are also met, including public access and/or data sharing.

2. The Research and Scholarly Data Governance Committee (RSDGC) reports to the Provost and Vice President for Academic Affairs on the development and enforcement of the University’s Research and Scholarly Digital Data Management Policy. The Provost appoints Committee members, to include representatives from the faculty, University Libraries, Office of Research, Old Dominion University Research Foundation, Information Technology Services (ITS) and senior University management. The Provost will solicit recommendations from the Faculty Senate for the faculty representatives, who will comprise the majority of the committee. The Office of University Counsel will advise the RSDGC. The RSDGC may create subcommittees and task forces as needed to carry out its responsibilities.
Committee responsibilities include:

a. Guiding updates to this policy.

b. Establishing specific goals, objectives, and action plans to implement the policy and monitor progress in its implementation.

c. Establishing and communicating policies and procedures that facilitate management of research data as a University resource.

d. Coordinating the data management efforts of the operating units involved with research data management. The operating units include, but are not limited to, the University Libraries, Office of Research, Old Dominion University Research Foundation, Information Technology Services (ITS), Colleges, Departments, Centers, and the Office of University Counsel.

e. Defining and applying formal guidelines, procedures, and tools to manage the University’s research data resources, to include providing access for outside researchers and delivery modes for transmitting research data.

f. Defining a data stewardship model for protection and availability of research data, based on University Policy 3504 – Data Administration Policy.

g. Resolving conflicts in the definition of centrally-used research data attributes, data policy, and levels of access. Resolving issues regarding standard definitions for data elements that cross stewardship boundaries.

h. Defining attributes and assigning maintenance responsibilities for data retention, disposition, and preservation in accordance with Section G.

i. Coordinating with the Institutional Review Board on providing access to ODU’s research data. Access to research data that is a public record should be managed in accordance with the Virginia Public Records Act.

3. **Vice Presidents (or their designees) are responsible for:**

   a. Providing access to services and facilities for the storage, backup, deposit, security, and retention of research data that allow researchers to meet their requirements under this policy and those sponsors funding their research.

   b. Providing researchers with training, support and guidance in research data management.

   c. Providing the necessary resources to those operational units charged with the provision of these services, facilities and training.

4. **Consumers/Users** will agree to the following:

   a. Confidentiality: Respecting the confidentiality and privacy rights of individuals whose records they may access.
b. Ethics: Observing the ethical restrictions that apply to data to which they have access.

c. Policy Adherence: Abiding by applicable laws and University policies with respect to access, use, protection, proper disposal, and disclosure of data.

d. Responsible Access: Reporting any breaches of University information in a timely manner according to procedures defined in ITS Standard 05.2.0 Data Breach Notification.

e. Quality Control: Reviewing reports created from data to ensure that the analysis results are accurate and the data has been interpreted correctly.

f. Acknowledgement: Citing the source and location of the data in any publications that use the data.

G. RECORDS RETENTION

Research data and applicable records must be retained for a minimum of five years and as specified by research sponsors, publishers, patent law, legislative and regulatory requirements, and/or applicable laws, and then destroyed in accordance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 111, Series 101170).

H. RESPONSIBLE OFFICER

University Librarian

I. RELATED INFORMATION

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- Government Data Collection and Dissemination Practices Act § 2.2-3800 et seq
- Board of Visitors Policy 1424 – Policy on Intellectual Property
- Board of Visitors Policy 1426 - Policy, Procedures and Timeline for Responding to Allegations of Misconduct in Scientific Research and Scholarly Activity

University IT Policies:
- 3500: Use of Computing Resources
- 3501: Information Technology Access Control
- 3502: Information Technology Infrastructure, Architecture, and Ongoing Operations
- 3504: Data Administration Policy
- 3505: Information Technology Security
- 3700: Records Management Policy

University IT Standards:
- 02.3.0 Data Administration and Classification Standard

Data Transfer Agreement (Office of Research)
- Data Management @ ODU (University Libraries Guide)
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ George Fowler ___________________________  October 30, 2019  
Responsible Officer       Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________  July 23, 2019  
Chair, Policy Review Committee (PRC)       Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Augustine O. Agho ___________________________  November 5, 2019  
Responsible Oversight Executive       Date

University Counsel Approval to Proceed:

/s/ James D. Wright ___________________________  November 7, 2019  
University Counsel       Date

Presidential Approval:

/s/ John R. Broderick ___________________________  November 11, 2019  
President       Date

Policy Revision Dates:  January 24, 2014; November 11, 2019

Scheduled Review Date:  November 10, 2024
A. PURPOSE

The purpose of this policy is to prescribe adequate accommodations in accordance with Title I of the Americans with Disabilities Act (ADA).

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Title I of the Americans with Disabilities Act of 1990, as amended (ADA)

The Americans with Disabilities Act Amendments of 2008 (ADAAA)

Section 504 of the Rehabilitation Act of 1973

C. DEFINITIONS

Assistant Vice President for Equity and Diversity/ADA Coordinator (AVPED/Section 504/ADA Coordinator) – The position designated by the University to coordinate the institution’s compliance with Section 504 of the Rehabilitation Act of 1973, as amended. The 504 Coordinator is responsible for assuring compliance with Section 504 of the Rehabilitation Act of 1973, and related Federal and State laws pertaining to people with disabilities.

Disability – Under the ADA, a person has a disability if the individual has a physical or mental impairment that substantially limits one or more major life activities, has a record of a physical or mental impairment that substantially limits a major life activity, or is regarded as having a physical or mental impairment.

Essential Functions – The fundamental job duties of the employment position.
Record of an Impairment – An individual has a record of an impairment if that individual has a history of, or has been classified as having, a mental or physical impairment that substantially limits one or more major life activities.

Major Life Activity – Major life activities include, but are not limited to, the following: self-care, manual tasks, walking, seeing, hearing, breathing, standing, thinking, concentrating, reading, learning, sleeping, working, bending, communicating, reproducing, normal cell growth, immune system function, digestive function, bowel function, bladder function, neurological function, brain function, respiratory function, circulatory function, and endocrine function.

Physical and Mental Impairment - Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine; or any mental or psychological disorder such as intellectual disability (formerly termed mental retardation), organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Qualified Candidate/Employee with a Disability - An individual who satisfies the skills, experience, education and other job-related requirements of the position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of that position.

Reasonable Accommodation - Any change or adjustment to a job or work environment that does not cause an undue hardship on an employer's business operations and permits a qualified candidate or faculty member with a disability to participate in the job application process or to perform the essential functions of the job.

Regarded as Having Such an Impairment – An individual meets the requirements of being “regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under the ADA because of an actual or perceived physical or mental impairment whether or not the impairment substantially limits or is perceived to substantially limit a major life activity.

Substantially Limiting – An impairment is substantially limiting if it prohibits or significantly restricts an individual’s ability to perform a major life activity as compared to the ability of the average person in the general population to perform the same activity. The determination of whether an impairment substantially limits a major life activity depends on the nature and severity of the impairment, the duration or expected duration of the impairment, and the permanent or long-term impact of the impairment.

Undue Hardship - An accommodation would be considered an “undue hardship” if it is too difficult or too expensive to provide in light of the employer’s size, financial resources, and the needs of the business.

**D. SCOPE**

This policy applies to all employees, prospective employees, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the...
Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, and all other persons located on property, owned, leased, or otherwise controlled by the University.

This policy does not apply to students or student employees, as they are covered under University Policy 4500, Accommodations for Students with Disabilities.

E. POLICY STATEMENT

It is the policy of Old Dominion University that no qualified individual be excluded or discriminated against in job application procedures, hiring, firing, advancement, compensation, fringe benefits, job training, and other terms, conditions and privileges of employment.

Old Dominion University will provide reasonable accommodation to a qualified applicant or employee with a disability as required by the Americans with Disabilities Act of 1990 (the “ADA”), as amended, the Rehabilitation Act of 1973, as amended, and their implementing regulations. Reasonable accommodations consistent with University and Commonwealth anti-discrimination policies will be provided in order to enable the individual to perform the essential functions of the position for which he or she is applying or in which he or she is employed.

F. PROCEDURES

The University is required to make a reasonable accommodation to the known disability of a qualified candidate or employee if it would not impose an “undue hardship” on the operation of the University.

1. Applicants

Applicant requests for reasonable accommodation during the hiring process may be made to the hiring supervisor, the Office of Human Resources, or the Office of Institutional Equity and Diversity (“OIED”). Supervisors or Human Resources staff receiving a request should contact the OIED for guidance.

2. Employees

a. Employee requests for reasonable accommodation must be made to OIED. Supervisors or Human Resources personnel should refer employees who indicate a need for accommodation to OIED for assistance.

b. The employee must meet with the AVPED or designee who will facilitate an interactive process between the employee and the supervisor to determine if a reasonable accommodation can be provided to the employee. The employee must communicate how the disability affects his/her ability to perform the essential functions of the job, and identify what workplace accommodations are necessary to assist in performing the job duties.

c. The AVPED or designee will discuss essential functions of the particular position involved and the precise job-related limitations and other suggestions for possible reasonable and effective accommodations.
d. The AVPED or designee may request medical documentation of the individual's functional limitations to support the request. Any medical documentation will be collected and maintained in accordance with appropriate confidentiality procedures.

This medical documentation should include the following:

i. Nature of the condition

ii. Description regarding the condition’s impact on any major life activities (such as walking and performing manual tasks)

iii. Diagnosis and prognosis of the condition

iv. Suggestions for adjusting the work environment so the employee will have the opportunity to perform essential tasks.

e. Using the position description to identify the essential functions of the position, the supervisor will also provide input to the AVPED or designee on the effectiveness each potential accommodation would have in allowing the employee to perform the essential functions of the position.

f. Upon completion of the interactive process, OIED is responsible for assessing whether or not the employee’s requested workplace accommodation is reasonable and determining what, if any, accommodation is most appropriate for both the employee and the University. While consideration is given to the employee’s preference, the University will balance the preference of the employee with the needs of the department in determining effectiveness.

g. Once an accommodation has been deemed appropriate and reasonable, both the employee and the supervisor are notified. Approved accommodations are not applied retroactively.

h. Expenses associated with an accommodation should not prohibit hiring a qualified applicant. To the extent possible, the hiring department will be responsible for funding the accommodation. The department can seek resources from the University to support the accommodation when the cost of the accommodation is beyond the department’s available resources.

i. Modifications to the work plan can be made if the health conditions change and/or the nature of the work performance/duties change.

j. If a request for a reasonable accommodation is denied or not plausible, the employee will be notified in writing.

3. Confidentiality

Inquiries regarding requests for accommodation or the nature of the disability shall, whenever possible, be kept confidential in accordance with applicable University and Commonwealth policies.
G. RECORDS RETENTION

Applicable records must be retained and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President, Office of Institutional Equity and Diversity

I. RELATED INFORMATION

Board of Visitors Policy 1012 - Resolution Adopting Executive Order Number One (2014), “Equal Opportunity”
University Policy 1005 – Discrimination Policy
University Policy 6050 - Family Medical Leave Policy
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ ReNeé Dunman May 30, 2017
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks May 23, 2017
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ R. Earl Nance June 5, 2017
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance June 5, 2016
University Counsel Date

Presidential Approval:

/s/ John R. Broderick June 6, 2017
President Date

Policy Revision Dates: October 1, 2003; May 4, 2012; June 6, 2017

Scheduled Review Date: June 6, 2022
Statement: Institutional vigor, integrity, and distinction are dependent in good measure on a regular and critical review of ongoing programs. This process should not be prompted solely by the imperative of visitations by professional, regional, or national accrediting agencies. The university should regularly affirm that its academic offerings continue to serve the legitimate professional, intellectual, and aesthetic needs of the community and region that it serves. Refinement and redefinition of the types and scope of programs should reflect changing societal needs while maintaining the selective educational core undergirding all baccalaureate programs and the selective and distinctive character and quality of graduate programs. Old Dominion University subscribes to this principle and shall continue to pursue a regular schedule of assessment.

A new impetus has been added to the need for program review. Universities are being confronted not only by changes in student demographics and societal needs but by decreasing fiscal resources. The result is an added objective for program review. Besides identifying weak programs or programs that are no longer relevant, the developing need to reduce the scope of institutional offerings will require that choices be made between and among programs. Selective program curtailment or discontinuation will be necessary in order to maintain the level of support and excellence of the remainder.

The policy is designed to describe the process and the basis for making the choices. It is recognized at the outset that there is no simple way to quantify the inherent value of a discipline. The criteria are intended to explore each program in terms of the university mission, student demand, program interrelationship, cost factors (productivity), and the impact of program curtailment or discontinuation. Based on the responses and subsequent to broad-based institutional discussions, judgments will be made. While prompted by fiscal constraints, it is clearly understood that university status dictates that some program judgments will represent educational objectives and values and resource allocations which mitigate comparison with cost and other factors of other programs. The continuing objective of the assessment process is to retain the appropriate balance among academic programs, research, enrichment activities, and public service. In sum, the changing environment requires a dynamic and timely response in order to maintain levels of excellence and to fulfill the mission of the university.

Responsibility: Provost and Vice President for Academic Affairs

Authorization: Roseann Runte, President

Date: October 1, 2003
A. PURPOSE

The purpose of this policy is to establish procedures for funding recruitments for full-time instructional/research faculty and administrative/professional faculty.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Administrative and Professional (AP) Faculty - Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Educational and General (E&G) Budget Units – Those departments that are funded from State general appropriations, tuition, and educational and general fees such as admissions fees, Children’s Learning & Research Center fees, and transcript fees.

Essential Recruitment Expenses – Expenses related to the recruitment of new instructional and administrative/professional faculty including recruitment advertising in print publications such as newspapers or academic, scientific or engineering journals; internet recruitment advertising; and travel expenses for the interview candidates including airfare or mileage, lodging and meals.

Teaching and Research Faculty – Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles (with departmental designation).
D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

The University maintains a centrally-managed University Recruitment Budget in the Office of the Provost and Vice President for Academic Affairs to fund essential recruitment expenses such as advertising and travel expenses for instructional/research faculty and administrative/professional faculty recruitments. Hiring departments should use other funding sources to support recruitment expenses beyond those provided by the central budget.

Non-Educational and General (E&G) budget units may not use the University Recruitment Budget or any other E&G funds to support their recruitment efforts; however, recruitment expenditures must be in compliance with applicable Commonwealth directives.

F. PROCEDURES

1. All recruitments for instructional/research faculty and administrative/professional faculty must be conducted in the University’s on-line Position Action/Performance Evaluation Recruitment System (PAPERS) except for searches conducted with the assistance of an external search firm. Initiation of the recruitment in PAPERS serves as the hiring department’s request to obtain advertising and travel funds.

2. The Office of Academic Affairs manages the University Recruitment Budget, sets the amount of funding for each level of recruitment, and approves advertising for instructional faculty positions. The Department of Human Resources approves advertising for administrative/professional faculty positions.

3. To assist hiring departments, the University Recruitment Budget funds annual contracts with The Chronicle of Higher Education, Chronicle Vitae recruitment website, HigherEducationJobs.com, studentaffairs.com, diversejobs.net, and other higher education recruitment websites as determined by the Office of Academic Affairs in consultation with the Department of Human Resources for advertising instructional/research faculty and administrative/professional faculty positions. Advertising expenses not covered by the University’s annual contracts with recruitment services will be charged back to the hiring department’s Educational and General (E&G) budget.

4. Funds allocated from the University Recruitment Budget may also be used to cover a portion of candidates’ travel expenses. Expenditures for travel, such as transportation, lodging and meals, must remain within the guidelines set forth in the Commonwealth Account Policies and Procedures (CAPP), Section 20335. The University’s Office of Finance Travel Guidelines should be reviewed for specific details regarding travel expenditures for recruitment.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.
H. RESPONSIBLE OFFICER

Associate Vice President for Academic Affairs

I. RELATED INFORMATION

Board of Visitors Policy 1401 – Initial Appointment of Teaching and Research Faculty
Board of Visitors Policy 1410 – Academic Rank and Criteria for Rank
Board of Visitors Policy 1480 – Guidelines for Appointment and Promotion of Librarians
Board of Visitors Policy 1490 – Administrative and Professional Faculty
A. PURPOSE

The purpose of this policy is to identify a specific category of part-time employment with the University and define the terms and conditions under which this type of exempt employee works.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

4031 Employee - See “Non-instructional Part-time Faculty Employee.”

Computer Employee - An employee who is not subject to the provisions of the Federal Fair Labor Standards Act (FLSA) and is employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field performing the duties primarily consisting of 1) the application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications; or 2) the design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications.

Conflict of Interests - A personal interest by a University employee or the employee’s immediate family member in a contract or transaction to which Old Dominion University is a party.

Employee - A person who is hired to provide dependent personal services to the University on a regular basis in exchange for compensation. The University has the right to control and direct the person regarding the result of the work to be accomplished and the details, methods and means by which that result is accomplished. An employee is subject to income tax withholding and is paid through the payroll process.
Exempt Employee/Position - An employee who is not subject to the provisions of the Federal Fair Labor Standards Act (FLSA). The position meets the FLSA job duties exemption test and the employee’s salary meets the FLSA salary basis exemption test. Such employees are normally in management or professional positions.

Hiring Supervisor - The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate, and discipline employees.

Non-instructional Part-time Faculty Employee - A person hired in a part-time non-teaching and non-research position with responsibilities that are comparable to administrative and professional faculty. This category is also referred to as “4031,” which is the budget subaccount code used to designate the funding for this type of employee.

Performance Testing - Written validation that the work for which the employee was hired has been performed and documented.

D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property, owned, leased, or otherwise controlled by the University.

The hiring of non-exempt positions to meet similar needs is covered under University Policy 6024, Wage Employment Policy.

E. POLICY STATEMENT

In order to meet seasonal, temporary, part-time or casual workforce needs, departments may hire an individual in a non-teaching and non-research exempt (4031) position if specific requirements are met. When considering what type of employee to hire, hiring supervisors in academic areas must consult with the Office of Academic Affairs. Hiring supervisors in other areas must contact the Office of Human Resources for guidance.

A search is not required to hire a non-instructional part-time faculty employee.

The hiring of non-instructional part-time faculty employees must be approved by the Department Head, Chair or Dean. If the term of employment is expected to be greater than 12 months, written approval by the President is also required.

Non-instructional part-time faculty employees may not work more than 29 hours per week.
F. PROCEDURES

If the determination is made to hire a non-instructional part-time (4031) faculty employee:

1. In the case of a non-instructional part-time faculty hire in a unit or department that is in the reporting line of the Provost and Vice President for Academic Affairs, all employment forms must be submitted to the Provost and Vice President for Academic Affairs or designee. These forms shall include, but are not limited to, the Temporary Employment Data Form (4031) and all required new hire forms and related documents.

2. In the case of a non-instructional part-time hire in all other units or departments other than those that are in the reporting line for the Provost and Vice President for Academic Affairs, all employment forms must be submitted to the Department of Human Resources Staffing and Operations Manager. These forms shall include, but are not limited to, the Non-Instructional Part-Time Faculty Temporary Employment Payroll Form (4031), and all required new hire forms and related documents.

3. The salary paid must be a minimum of $455 per week in order to comply with the FLSA salary basis test required for exempt positions. If the salary basis test is not met, the Hiring Supervisor must maintain time sheets documenting the hours worked on a daily basis.

4. All non-instructional part-time faculty employees are required to complete the Conflict of Interests/Dual Reporting Form and the Elected Official Disclosure Form.

5. In certain circumstances, administrative, professional and computer employees such as computer systems analysts, computer programmers, or software engineers may be paid on a “fee basis” rather than a salary basis when the employee is paid an agreed sum for a single job. To determine whether the fee payment meets the minimum salary level requirement in 7., the test is to consider the time worked on the job and determine whether the payment is at a rate that would equate to at least $455 per week if the employee worked 40 hours. An example is an artist paid $250 for a picture that took 20 hours to complete. This meets the minimum salary requirement since the rate would equate to $500 if 40 hours were worked.

6. If the sum paid in one year (from the date of hire) is expected to exceed $25,000, the approval of the appropriate Vice President is required.

7. If the sum paid in one year (from the date of hire) is expected to exceed $35,000, the approval of the President is required.

8. Once a non-instructional part-time faculty employee has served 12 months, that employee cannot be continued unless written approval is obtained from the President. The request for an extension should be submitted to the appropriate Vice President for approval and then submitted to the Department of Human Resources. The Department of Human Resources will make a recommendation to the President and the President’s decision is final. If the request for an extension is denied, a position should be established as full-time or part-time salaried with benefits and a competitive job search conducted. The employee is eligible to apply and compete for the position. If funding is not available to establish the salaried position, the employee should be separated from employment.

9. The Department Head, Chair or Dean must verify and document the delivery of the employee’s services to the University and the completion of all assigned work.
Documentation includes, but is not limited to, written goals, performance testing, and expected outcomes.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Director of Total Compensation and Staffing, Department of Human Resources

I. RELATED INFORMATION

State and Local Government Conflict of Interests Act, Code of Virginia Section 2.2-3100 et seq., as amended
Virginia Public Procurement Act, Code of Virginia Section 2.2-4300 et seq., as amended
Board of Visitors Policy 1240 – Resolution Concerning Employment
University Policy 6024 – Wage Employment Policy
University Policy 6130 - Policy for Direct Employment of Wage Employees
Worker Classification Review Process, ODU Office of Finance
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Nadine Faulcon-Johnson                July 17, 2018
Responsible Officer                     Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks                      March 27, 2018
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin                  July 19, 2018
Responsible Oversight Executive         Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance                       August 7, 2018
University Counsel                      Date

Presidential Approval:

/s/ John R. Broderick                   August 9, 2018
President                               Date

Policy Revision Dates:                  July 12, 2010; August 9, 2018

Scheduled Review Date:                  August 9, 2023
A. PURPOSE

The purpose of this policy is to provide guidance to hiring supervisors regarding the recruitment and selection procedures for classified and wage positions and to ensure compliance with Federal and State employment policies and regulations.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Budget Unit Director – The University employee on record with the Office of Finance Data Control Department as having signature authority and financial management responsibility for a specific budget code.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Final Candidate – The applicant selected for employment by the hiring supervisor.

Hiring Supervisor – The management level employee with the authority to hire, assign work, manage work schedules, approve leave, evaluate, and discipline employees.
Wage Employee – A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. (Wage employees are sometimes referred to as hourly employees.) Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time.

D. SCOPE

This policy applies to all Budget Unit Directors and hiring supervisors in the recruitment and selection of classified and wage employees.

E. POLICY STATEMENT

Old Dominion University has established procedures for recruiting wage and classified employees that comply with Federal and State policies and regulations and support the University’s Affirmative Action objectives. Old Dominion University is committed to a policy of positive affirmative action in the recruitment of women and minorities and of non-discrimination in employment practices. Equal opportunity for employment shall be provided to all applicants on the basis of their demonstrated ability and competence without regard to race including hair texture, hair type, and protective styles such as braids, locks, and twists; color; religion; sex (including pregnancy, childbirth or related medical conditions); national origin; ancestry; age; political affiliation; genetic information; marital status; disability; sexual orientation; gender identity; or veteran status.

F. PROCEDURES

1. Hiring supervisors must obtain Budget Unit Director approval to fill vacant positions. The University must make a good-faith effort to actively recruit qualified candidates from underrepresented groups using appropriate sources and methods. Classified positions must be open to the public except for internal recruitments when a sufficient pool of qualified candidates exists. Whether such qualified candidates exist on campus will be determined by the Department of Human Resources and/or The Office of Institutional Equity and Diversity. Direct hiring of wage employees without a recruitment requires the approval of the Department of Human Resources.

2. Job vacancy postings may be limited to Old Dominion University's current employees (to include classified, wage, and faculty) to provide promotional and career opportunities. The decision to limit the opening should be made in consideration of Old Dominion University's affirmative action objectives, availability of qualified applicants, and other factors determined to be consistent with both the University's and the Commonwealth's policies and needs. Prior approval by the Department of Human Resources and the Office of Institutional Equity and Diversity is required.

Positions advertised to the general public are open to the Old Dominion University community. Vacancies are advertised for a minimum of five workdays on the State Position Vacancy Listing/Job Posting System (RMS) and on Old Dominion University’s on-line Position Action/Performance Evaluation and Recruitment System (PAPERS).

3. A selection committee designated by the hiring supervisor must be approved by the Department of Human Resources. Hiring supervisors must select a diverse search committee/interview panel that include individuals with subject matter expertise, when
appropriate. Interview questions must be job-related and based on the established minimum and preferred qualifications described in the position description.

4. The hiring supervisor is responsible for reviewing candidate qualifications against the minimum and preferred qualifications in the job posting and entering selection and non-selection information into PAPERS for review by the Department of Human Resources. The Department of Human Resources must approve the hiring supervisor’s on-line selections for interviews prior to interviews being scheduled. The hiring supervisor is responsible for scheduling the interviews.

Use of work samples requires prior approval from the Office of Institutional Equity and Diversity and the Department of Human Resources.

5. The hiring supervisor is responsible for conducting reference checks on the candidate selected for employment and forwarding this reference information via a Reference Report Form to the Department of Human Resources before approval will be given to offer the position to the candidate. Employment rather than personal references must be contacted. No supervisor may recommend hiring a candidate until reference checks have been completed.

   a. Hiring supervisors should check references with the current and at least one former supervisor prior to making a selection recommendation to the Department of Human Resources. If the applicant is currently employed at Old Dominion University in the same department as the hiring supervisor and the hiring supervisor has personal knowledge of the applicant’s qualifications, the hiring supervisor can provide reference information directly to the Department of Human Resources.

   b. When obtaining employment references, dates of employment, job titles, and major duties listed on the application and/or résumé should always be verified with the current or former supervisor.

   c. Exceptions to a. and b. must be approved by the Department of Human Resources.

   d. All questions asked of references must be job-relevant.

   e. The Department of Human Resources is available to provide further guidance and assistance in the reference checking process.

6. Access to Reference Information by Applicants

Applicants do not have access to their reference information since educational institutions are exempt from this disclosure per State Policy 2.10, Hiring.

7. Before an offer of employment is made, all interview results must be entered into PAPERS and required signed applications and a Hiring Proposal (for classified positions), or E-1 Form (for wage positions) must be completed and submitted to the Department of Human Resources for review and approval. Reference Report Forms must also be provided to the Department of Human Resources. The Department of Human Resources will then initiate the pre-employment criminal conviction investigation.

The ODU Police Department conducts its own background investigation of applicants for positions in the ODU Police Department. In addition, the Darden College of Education and
Professional Studies conducts its own background investigation of applicants for positions working with children in the Children’s Learning and Research Center, which includes a sexual assault/molestation, child abuse and criminal history report. Other University units and programs such as the College of Health Sciences and the Office of Teacher Education Services may require additional background checks.

The candidates complete the Criminal Background Authorization and Consent for Release of Information Form which is keyed into the appropriate system by staff in the Department of Human Resources. Employment offers should not be made until after the results of the background check have been received.

8. Recruitment-related forms and complete procedures are available from the Department of Human Resources.

G. RECORDS RETENTION

Official records are retained by the Department of Human Resources for a period of three years following selection then destroyed in accordance with the Commonwealth’s Records Retention Schedules, General Schedule 103 (Personnel Records), Series 012185 (Recruitment, Hiring, Interview, and Selection Records). The non-record duplicate materials held by the hiring supervisor are immediately destroyed when notified by the Department of Human Resources.

H. RESPONSIBLE OFFICER

Recruitment and Employment Manager, Department of Human Resources

I. RELATED INFORMATION

[Links to related documents]
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris  
Responsible Officer  
January 4, 2022
Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  
Chair, Policy Review Committee (PRC)  
November 9, 2021
Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  
Responsible Oversight Executive  
January 4, 2022
Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  
University Counsel  
January 13, 2022
Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  
President  
January 12, 2022
Date

Policy Revision Dates:  December 1, 1988; November 5, 2004; September 16, 2007; October 2, 2009; January 16, 2016; January 12, 2022

Scheduled Review Date:  January 12, 2027
A. PURPOSE

The purpose of this policy is to establish the University’s guidelines and parameters for conducting criminal background checks to provide a safe and secure environment for its employees, students, and visitors.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 2.2-1201.1, as amended, Criminal Background Checks for Certain Positions

Virginia Department of Human Resource Management Policy 2.10 - Hiring

C. DEFINITIONS

Administrative and Professional (AP) Faculty – Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Adjunct Faculty – Employees appointed to academic adjunct ranks who teach part time and whose compensation is based upon the number of credit hours taught.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Criminal Background Check – A report that includes criminal felony and misdemeanor courts records searches based on a social security trace, a national sex offender registry search as well as other appropriate sources of background information.
Emergency Hire – An employee in a one- or two-year restricted appointment who did not compete through a formal search for a teaching, research, administrative, or professional faculty position. The maximum number of consecutive years an emergency hire may be offered a restricted appointment is three years, regardless of the position(s).

Exceptional Hire – An employee hired under the Exceptional Opportunities provision included in the Recruitment and Selection Process for Instructional and Administrative Faculty. An exceptionally well-qualified candidate that was offered employment for an instructional faculty or administrative and professional faculty position where a formal search was not conducted. Requests to hire exceptionally well-qualified candidates for instructional faculty positions must be approved by the President or designee in consultation with the respective Dean, chairs, faculty, Provost and Vice President for Academic Affairs, and the Office of Institutional Equity and Diversity. Requests to hire an exceptionally well-qualified candidate for an administrative faculty position without conducting a search must be approved by the President or designee in consultation with the appropriate Vice President, unit head, and the Office of Institutional Equity and Diversity.

Minor – A person under the age of 18 who is not enrolled or accepted for enrollment at the University. Students who are “dually enrolled” in University courses while also enrolled in elementary, middle or high-school courses are not included in this policy unless such enrollment includes overnight housing in University facilities.

Non-Instructional Part-time Faculty – A person hired in a part-time non-teaching and non-research position with responsibilities that are comparable to administrative and professional faculty. This category is also referred to as “4031,” which is the budget subaccount code used to designate the funding for this type of employee.

Rehired Employee – An employee who previously separated and is currently employed again at the University.

Sensitive Position - The Code of Virginia (§2.2-1201.1) defines sensitive positions as those “generally described as directly responsible for the health, safety and welfare of the general populace or protection of critical infrastructures; that have access to sensitive information, including access to federal tax information in approved exchange agreements with the Internal Revenue Service or Social Security Administration; and that otherwise required by State or Federal law to be designated as sensitive.” Examples of sensitive positions include police officers, nurse practitioners, and information systems security administrators. Teaching positions are generally excluded.

Teaching and Research Faculty - Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles of professor, associate professor, assistant professor, senior lecturer, lecturer, instructor, or the equivalent in an academic unit.

Wage Employee - A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. Wage employees are sometimes referred to as hourly employees. Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at anytime.
D. **SCOPE**

This policy applies to new and rehired classified employees, teaching and research faculty, administrative and professional faculty, adjunct faculty, non-instructional part-time faculty, and wage employees. Current employees who are transferred or promoted into sensitive positions are also subject to this policy.

Student employees, graduate assistants, volunteers, and interns who are in certain positions that handle confidential or restricted data and/or work with minors may also be required to undergo criminal background checks. For more information on programs involving minors, please see **University Policy 3014, Minors on Campus**.

Contract workers or vendors performing work or providing services for the University are not covered by this policy but may be required under University contracts to undergo criminal background checks.

Federal and State laws or regulations or professional licensing standards may require background checks or other forms of screening or testing for certain University positions. Such checks, screening, or testing are outside the scope of this policy.

E. **POLICY STATEMENT**

As a condition of employment, the Department of Human Resources and the Office of Academic Affairs will conduct confidential criminal background checks on new and rehired teaching and research faculty, administrative and professional faculty, exceptional hires, emergency hires, adjunct faculty, non-instructional part-time faculty, classified employees, and wage employees. A background check will not be conducted on employees who are rehired within six months of their separation date if a background check was previously conducted.

Criminal background checks will also be conducted on current employees who are transferred or promoted into sensitive positions. **Virginia Code 2.2-1201.1** requires that fingerprint-based criminal history checks must be conducted on finalists for sensitive positions.

Criminal background checks may also be conducted on student employees, graduate assistants, interns, and volunteers who are in certain positions that handle confidential or restricted data and/or work with minors.

Job postings for confidential or restricted positions will state that a criminal background check is required for the position.

Criminal background checks on volunteers will be conducted in accordance with **University Policy #6023, Policy for the Use of Non-Research Related Volunteers**.

The following departments conduct their own criminal background checks:

1. **ODU Police Department** - The ODU Police Department conducts its own background investigation of applicants for sensitive positions within the Department.

3. **Darden College of Education and Professional Studies** – The Darden College of Education and Professional Studies conducts its own criminal conviction investigation of applicants for positions working with children in the Children’s Learning and Research Center, which includes a sexual assault/molestation, child abuse and criminal history background check.

4. **College of Health Sciences** – Select programs in the College of Health Sciences require background checks when clinical placements or service-learning activities involve working with patients or other vulnerable population in the community. The background check includes The Patriot Act search, Social Security Alert, residency history, criminal records, Federal criminal records, and sex offender.

Other University activities and programs may require criminal background checks as required by law. Certain other positions not described above may also require a criminal background check.

**F. PROCEDURES**

1. **Conducting the Criminal Background Checks**

   Selected candidates for positions at the University must complete an Authorization and Consent for Release of Information form to consent to a criminal background check. In compliance with the **Fair Credit Reporting Act (FCRA)**, the candidate will also receive a copy of A Summary of Your Rights and Consumer Disclosure Form.

   Criminal background checks will include a criminal felony and misdemeanor court search based on a social security number trace and a National Sex Offender Registry search as well as other appropriate sources of background information. The Department of Human Resources and the Office of Academic Affairs staff will conduct the criminal background check in the appropriate systems. The Office of Risk Management will administer the background screening of staff and volunteers participating in programs involving minors in accordance with **University Policy 3014, Minors on Campus**. For candidates who resided in the Commonwealth of Virginia within the last seven years, the background check is conducted in the Virginia State Police criminal record check system. If the candidate has lived outside of the Commonwealth of Virginia within the last seven years, an alternate system will be used. Background screening requirements for programs involving minor children will be administered according to **University policy 3014, Minors on Campus**.

2. **Review Process**

   Although a background check will include at a minimum a criminal history and social security number trace, it is the responsibility of the hiring manager to check employment and/or personal references and to verify required professional licenses and certifications prior to submitting a request for a formal background check. Academic degrees will continue to be verified through the National Student Clearinghouse, the appropriate institution, or vendor. If required for the position, a Motor Vehicle Report (MVR) may also be requested by the hiring official. Depending on the job-relatedness, additional background information may be requested by the hiring official. This determination will be made in consultation with the Department of Human Resources.

   If criminal convictions are found and are considered job-related, the Department of Human Resources or the Office of Academic Affairs staff will notify the hiring manager as soon as
possible. In compliance with FCRA, the candidate will be given an opportunity to explain any negative information and a copy of a summary of his or her rights under the FCRA. The candidate may be asked to provide additional information about the offense(s); the job-relatedness of the convictions will be determined by the Department of Human Resources. The determination may be in consultation with University Counsel, the Office of Institutional Equity and Diversity, the Dean of the College, the Chair of the Department, and the hiring manager. The candidate will be granted a reasonable period (five days) to contest the information. Failure of the applicant to provide requested documentation may result in the applicant’s removal from further consideration for employment. The decision to offer employment must be based on the following factors:

a. the nature and gravity of the offense or offenses;
b. the time that has passed since the conviction and/or the completion of the sentence; and
c. the nature of the job.

The hiring manager must submit a written justification of the decision to hire to the Vice President for Human Resources, Diversity, Equity, and Inclusion. If the hiring manager and the Vice President for Human Resources, Diversity, Equity, and Inclusion agree on the decision, the approval will be documented and the Department of Human Resources and/or the Office of Academic Affairs will notify the applicant accordingly. If the hiring manager and the Vice President for Human Resources, Diversity, Equity, and Inclusion disagree, the Vice President for Human Resources, Diversity, Equity, and Inclusion and University Counsel (and Assistant Vice President for Institutional Equity and Diversity if necessary) will make the final determination in consultation with the appropriate senior administrator.

For criminal background checks conducted by the Department of Human Resources and Office of Academic Affairs, a note regarding the outcome of the criminal background check is retained in the confidential position recruitment file for positions that were advertised and in a confidential file for emergency hires appointments. The Office of Academic Affairs also keeps track of the criminal background check completion date for adjunct faculty in the Adjunct Personnel Database File (e.g., ADFILE). The criminal history report obtained during the hiring process will be destroyed by shredding once it has served that purpose.

If an adverse employment action is taken as a result of the criminal background check, the Department of Human Resources or Office of Academic Affairs, as required by the Fair Credit Reporting Act, will provide the candidate with the name, address, and phone number of the agency that provided the information.

3. Preliminary Offers

Employment offers are not made until after the results of the background check have been received; however, contingent offers may be made to candidates for teaching and research faculty, administrative and professional faculty, adjunct faculty, and non-instructional part-time faculty positions. The offer letter must include language that the continuation of employment is contingent on the satisfactory results of the background check.

4. Access to Criminal Background Check Details

Virginia law limits access to the details contained in a criminal background check. This policy limits access only to those persons permitted access by law. The persons permitted access are required to maintain the confidentiality of the information in such reports.
5. Sanctions

Violations of University policies, including providing false or misleading information used for any of the above background checks, will be handled in accordance with applicable University policies and procedures, which may include corrective actions up to and including separation from the University.

G. RECORDS RETENTION

Applicable records must be destroyed in accordance with the Commonwealth’s Records Retention Schedule 103, Series 02349 (Criminal History/Background Check Records) at the conclusion of the recruitment.

H. RESPONSIBLE OFFICER

Director of Total Compensation and Staffing, Department of Human Resources

I. RELATED INFORMATION

- The National Child Protection Act of 1993
- Code of Virginia Section 19.2-389, as amended, Dissemination of Criminal History Record Information
- Commonwealth of Virginia Executive Order 41 (2015), Implementation of “Ban the Box” Hiring Policies in the Commonwealth
- Board of Visitors Policy 1450 – Faculty Sanctions
- University Policy 6600 – Standards of Conduct for Classified Employees
- Information Technology Standard 02.3.0 – Data Administration and Classification Standard
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Nadine Faulcon-Johnson  February 28, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  February 8, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  March 1, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  March 2, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  March 3, 2022
President  Date

Policy Revision Dates:  May 14, 2018; August 9, 2019; March 3, 2022

Scheduled Review Date:  March 3, 2027
Policy #6023
POLICY FOR THE USE OF NON-RESEARCH RELATED VOLUNTEERS

Responsible Oversight Executive: Vice President for Human Resources, Diversity, Equity and Inclusion
Date of Current Revision or Creation: May 10, 2022

A. PURPOSE

The purpose of this policy is to provide guidelines for the use of non-research related volunteers by University departments and academic units.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Federal Fair Labor Standards Act

Code of Virginia, Section 2-2.1837, as amended, Risk Management Plan for Public Liability

Code of Virginia, Section 2-2.1838, as amended, Insurance of State Motor Vehicles

C. DEFINITIONS

Agents – Persons authorized to represent, act on behalf of, and/or bind the University.

Volunteer – An individual is considered to be a volunteer at Old Dominion University if the following conditions are met:

1. Services are performed in support of the University's mission to include civic, charitable, educational, research or humanitarian reasons without promise, expectation, or receipt of compensation for services rendered.

2. If the volunteer is a current University employee, the volunteer services are not the same type of duties for which the University employs the individual and are freely given without pressure from the University.
NOTE: The Federal Fair Labor Standards Act (FLSA) states that non-exempt employees must be compensated for all hours they are required or permitted to work. Thus, even though non-exempt employees may volunteer to perform the duties for which they are employed beyond their normally scheduled hours, departments must compensate the employee for those extra hours worked.

D. SCOPE

This policy applies to all University departments and academic units.

E. POLICY STATEMENT

It is the policy of Old Dominion University to carefully select and supervise volunteers. Departments and academic units at the University may be able to accomplish certain work as well as extend their budgets through the use of volunteers who may become agents of the University when accepting assignments.

F. PROCEDURES

Selection and Supervision of Volunteers

1. Because the University may be liable for the actions of its volunteers, the qualifications and suitability of the individual should be considered before offering an opportunity to volunteer.

2. Departments and academic units should carefully consider the types of duties appropriate for a volunteer to perform. Generally, duties that are carried out by a University employee are appropriate for volunteers as long as they receive the same support and training any paid employee would receive in order to be able to complete the task(s).

3. The minimum age for volunteers is 16 years. Volunteers under the age of 18 must have the written consent of a parent or guardian before volunteering. The volunteer duties assigned to a minor must comply with all appropriate laws and regulations on child labor.

4. If a volunteer is a family member of a University employee, the volunteer cannot be placed under the supervision of that family member.

5. Supervisors should ensure that volunteers have a clear understanding of their responsibilities, limitations, and an agreed-upon work schedule.

6. Departments using volunteers have a duty to provide orientation and safety training covering any potential risks or hazards they may be exposed to during their assignment.

7. When a department wishes to use volunteers, it is advisable that the individual’s volunteer status be monitored/document during the period of time the person is working in the department. The supervisor should ask the volunteer to read the Volunteer Agreement – Non-Research, sign the release form at the bottom, unless the department has its own form, and submit a copy of the signed form to the Department of Human Resources. The originals of these documents should remain on file in the department during the period the volunteer works in the department and for five years after the volunteer concludes his/her work with the department.
Criminal Conviction Background Check and Driving Record Check

A Criminal Conviction Background Check should be considered if the volunteer will be handling cash, working with financial records, or performing other duties deemed by the department or academic unit to be security sensitive.

If the volunteer will be interacting with minors, they must contact the Office of Risk Management to complete the criminal background check in accordance with University Policy 3014, Minors on Campus.

The Department of Human Resources will conduct the background check for those volunteers not interacting with minors, which will be charged to the department or academic unit using the services of the volunteer. The results of the background check must be received prior to the person beginning any volunteer work.

If volunteers will be operating their own personal vehicles as part of their duties, a valid driver’s license and insurable driving record are required. The department will be responsible for obtaining this information from the prospective volunteer. No volunteer should be operating vehicles owned by Old Dominion University.

Description of Duties

It is recommended that volunteers be provided a written description of the duties they will be performing and receive training to carry out those duties including safety training, as appropriate. In addition, feedback on their performance is suggested. University employee work profiles or job description forms or evaluation forms, however, should not be used to document duties or performance because the volunteers are not employees.

Liability Coverage of Volunteers

The University’s liability coverage provides protection for negligent acts or claims of negligent acts for any employee or representative of the University, as long as the individuals were acting in an official capacity and within the scope of their duties. If a negligence claim is made, the University must substantiate that the volunteer was acting as its agent. The liability insurance program is for claims of negligence against University representatives and may provide for incidental payments arising out of the official activities of an authorized volunteer. Otherwise, all medical concerns, including healthcare insurance, are the responsibility of the volunteer.

Workers’ Compensation Insurance does not provide medical coverage for volunteers even if the injury occurs during the volunteered hours. In addition, University Counsel does not provide legal services if criminal charges are lodged against a volunteer.

If there is an incident that may result in claims of negligence against the University, the circumstances must be documented and reported to the Office of Risk Management, with a copy of the documentation maintained in the department.

Non-Discrimination

The Equal Opportunity Statement states that Old Dominion University does not discriminate against employees, students, or applicants on the basis of race (or traits historically associated with race including hair texture, hair type, and protective hairstyles such as braids, locks, and twists), color, religion, sex or gender (including pregnancy, childbirth, or related medical
conditions), national origin, gender identity or expressions, age, veteran status, disability, political affiliation, sexual orientation or genetic information. This statement applies to all members of the University community, including volunteers.

**Sexual Harassment**

The University will not tolerate behavior between or among members of the University community that creates an unacceptable working or educational environment. If a volunteer is faced with sexual harassment, he/she has the same rights and responsibilities as students or employees under [University Policy 1005, Discrimination Policy](#).

**Individuals with Non-Immigrant Visas Serving as Volunteers**

Individuals on non-immigrant visas (those who do not hold U.S. Permanent Residency or Citizenship) may have additional requirements related to their visa type governing their ability to volunteer. Departments should contact the Visa & Immigration Service Advising Office (intlstu@odu.edu) for any questions regarding volunteering and non-immigrant visa holders.

**G. RETENTION**

Applicable records must be retained for five years following after last action and then destroyed in accordance with the [Commonwealth’s Records Retention Schedule](#) (General Schedule Series 103, Series 002351).

**H. RESPONSIBLE OFFICER**

Recruitment & Employment Manager, Department of Human Resources

**I. RELATED INFORMATION**

- U.S. Citizenship and Immigration Services (USCIS)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris _____________________________ May 5, 2022 ________________
Responsible Officer _____________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks _____________________________ March 22, 2022 ________________
Chair, Policy Review Committee (PRC) _____________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin _____________________________ May 5, 2022 ________________
Responsible Oversight Executive _____________________________ Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson _____________________________ May 9, 2022 ________________
University Counsel _____________________________ Date

Presidential Approval:

/s/ Brian O. Hemphill _____________________________ May 10, 2022 ________________
President _____________________________ Date

Policy Revision Dates:  October 1, 2002; December 8, 2009; March 30, 2016;
                       November 11, 2019; October 1, 2020; Revised May 10, 2022

Scheduled Review Date:  May 10, 2027
Policy #6024
WAGE EMPLOYMENT POLICY

Responsible Oversight Executive: Vice President for Human Resources
Date of Current Revision or Creation: March 30, 2016

A. PURPOSE

The purpose of this policy is to establish the terms and conditions of wage employment at the University.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Wage Employee – A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. (Wage employees are sometimes referred to as hourly employees.) Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official, and may be terminated at any time.

Wage Employment - Employment to meet seasonal, temporary, part-time, or casual workforce needs.

Web Time Entry (WTE) - A web-based system designed to enable employees to submit hours worked and leave information electronically, eliminating the paper submission of time slips, time and attendance forms, leave activity forms, and leave reports.

D. SCOPE

This policy applies to all University departments.
E. POLICY STATEMENT

It is the policy of the University to comply with Federal and State employment laws with regard to wage employment and to support wage employees through consistent application of policies and procedures.

F. PROCEDURES

Hours of Work

Wage employees are restricted to working 29 hours per week on average during the timeframe of May 1 to April 30 (up to 1500 hours). Supervisors are responsible for monitoring hours worked and ensuring compliance with this law.

The Department of Human Resources provides reports to supervisors that support monitoring hours worked by wage employees. If a wage employee is in danger of exceeding the 29 hours per week on average in the May 1 – April 30 period, Human Resources will direct the supervisor to establish a plan in writing describing how work hours will be adjusted to remain compliant with the work hour limit. The supervisor must submit the plan to the Department of Human Resources.

There are no exceptions to the work hour limits for wage employees. Supervisors who allow wage employees to exceed the 29 hours per week on average during May 1 to April 30 are in non-compliance with State policy.

Supervisors are responsible for ensuring that wage employee work hours are entered, verified and approved via Web Time Entry (WTE) each pay period.

Compensation

Wage employees are paid using the hourly equivalent of the salaries for comparable classified positions in the Commonwealth's salary structure. Wage employees are considered non-exempt for purposes of the Federal Fair Labor Standards Act (FLSA). As such, wage employees will be compensated at one and one-half times the employee's hourly rate for hours worked over 40 in a work week.

Wage employees are not eligible for holiday pay and will not be compensated for official University holidays unless these days are worked.

Pay rate increases may be requested from the Department of Human Resources. Pay rate increases are contingent on the availability of budget unit funds and requests may be assessed using pay factors comparable to those used for classified staff.

Benefits

Wage employees are eligible for the following benefits:
- Family and Medical Leave Act (FMLA)
- Military Leave
- 403(b) Tax Sheltered Annuities
- 457 Deferred Compensation Plan
- AFLAC Insurance
- Tuition Assistance at a pro-rated rate
- Return to Work Program
Workers' Compensation
University identification card privileges

Information concerning these benefits is available from the Benefits Unit in the Department of Human Resources.

Supervisor Responsibilities

Supervisors are responsible for:
- Assigning duties, monitoring performance and providing feedback as needed
- Scheduling wage employees to ensure that total hours worked does not exceed 29 hours/week on average during the May 1 – April 30 period each year
- Monitoring and tracking hours worked on an on-going basis
- Reviewing and approving time in WTE each pay period
- Revising work schedules when needed to insure compliance with the 29 hours/week average limit

Employee Responsibilities

Wage employees are expected to:
- Report to work as scheduled
- Performing work as assigned
- Obtain approval prior to changing work hours including arriving early or leaving late
- Enter work hours accurately in WTE each pay period

Employee Relations

Wage employees are expected to comply with the Old Dominion University Policies and Procedures, the ODU Code of Ethics, the Service Standards and guidelines provided in the Wage Employee Guidebook. Wage employees are also expected to conform to the standards for behavior and performance provided in the Standards of Conduct Policy. The protections contained in the Commonwealth’s Standards of Conduct Policy, including access to the Grievance Procedure, are not available to wage employees.

Wage employees may contact the Employee Relations unit in the Department of Human Resources for assistance with workplace concerns. Wage employees may contact the Office of Institutional Equity and Diversity for assistance should they believe they have been the victim of discrimination, retaliation, sexual harassment or related concerns.

Records Retention

Time and attendance, deduction authorizations, compensation and leave records are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule.

G. RESPONSIBLE OFFICER

Staffing and Operations Manager, Department of Human Resources
H. RELATED INFORMATION

Federal Fair Labor Standards Act
University Policy 1002 – Code of Ethics
University Policy 6020 - Recruitment/Selection of Classified and Wage Positions
University Policy 6130 - Policy for Emergency Employment
Wage Employee Guidebook
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris  March 21, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  November 17, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  March 21, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  March 29, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  March 30, 2016
President  Date

Policy Revision Dates:  October 10, 1994; October 2, 2009; March 30, 2016

Scheduled Review Date:  March 30, 2021
Policy #6026
VISA AND IMMIGRATION SERVICES POLICY

Responsible Oversight Executive: Provost and Vice President for Academic Affairs
Date of Current Revision or Creation: May 17, 2017

A. PURPOSE

The purpose of this policy is to establish the process for handling all immigration-related services for immigrants and non-immigrants coming to the University as students or as employees from a foreign country and to outline the responsibilities of the Office of Visa & Immigration Service Advising (VISA) as well as immigrant and non-immigrant employees and students.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

U.S. Department of Labor Employment and Training Administration details Federal requirements for employment though the several agencies involved in obtaining H-1B visa status and employment-based permanent residence.

Illegal Immigration Reform and Immigration Responsibility Act of 1996 defines immigrants or non-immigrants that are unlawfully present.

Petition for Approval of Schools provides direction on how a school requests an approval to enroll F-1 students.

C. DEFINITIONS

Alternate Responsible Officers (ARO) – University employees who are recognized and authorized by the U.S. Department of State and Old Dominion University to sign authorized immigration documentation and assist J-1 exchange visitors (visiting scholars) in relation to Federal laws and regulations, and to execute Federal forms related to the status and activities of such individuals.

Authorizing University Representative – University employees who have completed training for certificate of eligibility for 1-20 (F-1 students) and/or DS-2019 (J-1 Exchange Visitors) processing and approved by government and University authorities to act on behalf of the University, also known as Designated School Officials (DSO) and Alternate Responsible Officers (ARO).
Designated School Official (DSO) – University employees who are recognized and authorized by the United States Immigration and Customs Enforcement (ICE) and the University to sign authorized immigration documentation and assist F-1 students in relation to Federal laws and regulations, and to execute Federal forms related to the status and activities of such students.

Exchange Visitor (Visiting Scholar) – A non-immigrant coming temporarily to the United States as a participant in a program approved by the Secretary of State for the purpose of teaching, instructing or lecturing, studying, observing, conducting research, consulting, demonstrating special skills, or receiving training.

Immigrant – A person seeking permanent residence and/or citizenship in the United States.

Non-immigrant - An alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the non-immigrant classification sought. The non-immigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the United States, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancés of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

Permanent Resident/Resident Alien - Any person who is not a citizen or a national of the United States and intends to permanently reside in the United States.

D. SCOPE

This policy applies to all employees, students and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University and not completed a program of study for which they were enrolled. Student status continues whether or not the University’s programs are in session. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

The University will endeavor to assist immigrants and non-immigrants in obtaining the appropriate status when employed or admitted to Old Dominion University. However, immigration status is the responsibility of the immigrant or non-immigrant and the application process for the appropriate status is initiated and conducted by the immigrant or non-immigrant.

The University will assist each non-immigrant through education, taking necessary actions or otherwise assist non-immigrants in maintaining their legal residency in the United States.

Only the Office of Visa & Immigration Service Advising (VISA) is authorized to prepare, sign and submit official immigration and non-immigration documents to appropriate Federal agencies by delegation of the Provost and Vice President for Academic Affairs. Unless authorized by VISA, no other faculty member, department representative, or attorney has the authority to sign non-immigrant or immigrant petitions and related documents on behalf of the University. Such documents include, but are not limited to, Form I-20 Certificate of Eligibility for F-1 students, Form
DS-2019, Certificate of Eligibility for Exchange Visitor on behalf of students and exchange visitors (visiting scholars), Form I-129, Petition for Non-immigrant Worker, Department of Labor Condition Applications (LCA--Form ETA 9035), Department of Labor PERM Filing (Form ETA 9089) and Form I-140 (Immigrant Petition for Alien Worker)

Failure to comply with these provisions will result in required notification to United States Citizenship and Immigration Services (USCIS) and/or the U.S. Department of Labor, and the petition or other immigration documents that were unauthorized become null and void. The matter will also be referred to the Office of University Counsel to determine whether further action is necessary or desirable.

F. PROCEDURES

1. VISA prepares and signs all employment-based non-immigrant petitions and all permanent resident petitions based on recommendations of hiring managers. VISA may appoint Designated School Officials (DSO) and Alternate Responsible Officers (ARO) to prepare and approve forms for students such as the I-20, Certificate of Eligibility, and form DS-2019, Certificate of Eligibility.

2. If at any time during this process, VISA believes the particular circumstances of an employee’s or student’s case are beyond the scope of VISA’s purview or expertise, the individual will be referred to the immigration attorney designated by the Office of the Attorney General of Virginia. Such legal services will be at the sole expense of the student, employee or the employing department.

3. Under no circumstances shall employees of the University be listed as petitioners or applicants.

4. VISA must be kept informed in a timely manner by department heads, hiring managers and the non-immigrant student or candidate for immigrant status of the status of every such petition or application to avoid duplication of effort or interference with petitions or applications and their related processing.

G. RETENTION

Visa immigration records are retained for ten years after expiration and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 103, Series 200389).

H. RESPONSIBLE OFFICER

Director of Visa & Immigration Service Advising

I. RELATED INFORMATION

USCIS Green Card Information
U.S. Immigration and Customs Enforcement (SEVIS)
U.S. Immigration and Customs Enforcement Student Exchange and Visitors Program
22CFR Part 62 J-1 Exchange Visitors
U.S. Department of Labor Employment & Training Administration
Immigration and Nationality Act
U.S. Department of State Directory of Visa Categories
Visiting Scholar/Volunteer Policy
H-1B Visa Application
A. PURPOSE

The purpose of this policy is to ensure compliance with the provisions for employment eligibility verification in accordance with the Immigration Reform and Control Act (IRCA) and guidance issued by the U.S. Citizenship and Immigration Services (USCIS) of the U.S. Department of Homeland Security.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Homeland Security Act of 2002

Immigration Reform and Control Act of 1986

Immigration Act of 1990

Illegal Immigration Reform and Immigrant Responsibility Act of 1996

C. DEFINITIONS

Alien – Any person who is not a citizen or a national of the United States.

Authorizing University Representative – University employees who have completed training on certifying I-9 forms.

Campus – For the purpose of this policy, campus shall include the Norfolk campus, all higher education centers and distance learning sites, and the Virginia Modeling, Analysis and Simulation Center (VMASC).

Employment Eligibility Verification (Form I-9) – The Federal form employers use to verify the work-authorization status of all newly hired employees in the United States.
E-verify – An internet-based system that compares information from an employee’s Form I-9 to data from U.S. Department of Homeland Security and Social Security Administration records to confirm that an employee is eligible to work in the United States.

Illegal alien – A non-citizen who has not been lawfully admitted to the United States or who has violated the terms of his/her lawful admission.

Unauthorized alien – A non-citizen who does not have legal permission to work in the United States because of his/her immigration status or because he/she has applied and been found ineligible for work authorization.

D. **SCOPE**

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. **POLICY STATEMENT**

Old Dominion University complies with Federal requirements that all University employees’ identity and eligibility to work in the United States are verified. The primary provisions of the Federal requirements are:

- The ban on hiring of unauthorized aliens;
- The requirement to verify the employment eligibility of all new hires;
- The prohibition against discrimination towards certain persons on the basis of their citizenship or national origin.

F. **PROCEDURES**

**Verification**

USCIS requires the completion of the Employment Eligibility Verification (Form I-9) to verify that persons are eligible to work in the United States. The employee is required to complete Section 1 of the Form I-9 no sooner than a job offer has been accepted and no later than the first day of employment. For Form I-9 purposes, an employee’s first day of employment is the first day that the employee is physically present on campus. For employees who work off campus, the first day of employment is the first day that an employee engages in work for the University.

Using the I-9 Form Requirements and Process, the authorizing University representative must certify documents establishing the employee’s identity and eligibility to work by completing Section 2 of the Form I-9 on the employee’s first day of work. The types of documentation that are acceptable are listed on the Form I-9. Based on the type of employment, several offices are responsible for I-9 verification and records retention. Upon completing Section 2 of the Form I-9, the authorizing University representative must forward it immediately to the appropriate office. Data entry into E-verify must be done by the third business day to complete the verification process. If employees are authorized to work but are unable to present the required documents within three business days, they must present a receipt for application of the document(s) within those three business days and the actual document(s) within 90 days.
If the University hires individuals for a duration of less than three business days, Section 2 of the Form I-9 must be completed at the time employment begins.

Failure to complete the Form I-9 or to provide required documentation by the relevant deadline will result in removal from the payroll system for wage and part-time employees. Salaried faculty and staff will be placed on leave without pay. Employees will be terminated for failure to comply with the employment eligibility and verification requirements.

Employees who are not U.S. Citizens or Legal Permanent Residents may not be eligible to access certain technology and/or information that is controlled by the Export Administration Regulations (EAR) or the International Traffic in Arms Regulations (ITAR) or may require a license to do so. Such employees may be required to complete a Deemed Export Form for submission to Office of Visa & Immigration Services (VIISA, documenting that there is no need for a license to access controlled technology and/or information or that a license will be required to conduct their work. Information in this form may be made available to USCIS upon request.

Steep fines may be imposed if the University knowingly hires an unauthorized alien or an illegal alien or allows someone to continue to work beyond 90 days without documentation.

**Updating and Re-verification**

The University is not required to re-verify documents or re-execute the Form I-9 in instances when the employee has been away from the work force or has a change in status but is continuing employment. Examples include:

- approved paid or unpaid leave of absence;
- promotion/demotion;
- transfer within the same agency;
- change in type of employment with the same agency.

Rehire of an employee within three years after termination, and during the period that the Form I-9 is required to be retained, requires reconfirmation of the information on the Form I-9. Employment eligibility and identity must also be rechecked. If the information remains the same, no new Form I-9 is needed.

When an international employee's work authorization expires, the University must re-verify the person's employment eligibility. The employee must present a document that shows either an extension of the employee's initial employment authorization or new work authorization. Section 3 of the Form I-9 may be used to record re-verification. If the employee cannot provide proof of current work authorization, the University cannot continue to employ that person.

**Records Retention**

The University is required to retain the original, signed Form I-9. However, it will be University practice to copy the documents used for verification of identity and employment eligibility and attach them to the Form I-9, along with the Checklist for Completing I-9 Forms. All Form I-9s should be maintained in separate files in alphabetical order. The Form I-9 should never be filed in the employee's official personnel folder. Form I-9s are retained for three years after the hire date or one year after the termination date, whichever is later, and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule. Form I-9s for terminated employees should be maintained separately.
Sanctions

Failure to follow the requirements of this policy as stated will result in sanctions up to and including termination commensurate with the severity and/or frequency of the offense.

G. RESPONSIBLE OFFICER

Staffing and Operations Manager, Department of Human Resources

H. RELATED INFORMATION

USCIS Handbook for Employers
University Policy 3011 – Identity Theft Protection Program
University Policy 4100 – Student Record Policy
Checklist for Completing I-9 Form
Certification/Retention of I-9 Forms Chart
Policy on Collection and Use of Social Security Numbers
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris ___________________________ March 21, 2016 ________________
Responsible Officer ______________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ January 19, 2016 ________________
Chair, Policy Review Committee (PRC) ______________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin ___________________________ March 21, 2016 ________________
Responsible Oversight Executive ______________________________ Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ___________________________ March 29, 2016 ________________
University Counsel ______________________________ Date

Presidential Approval:

/s/ John R. Broderick ___________________________ March 30, 2016 ________________
President ______________________________ Date

Policy Revision Dates: August 1, 2009; December 8, 2009; March 30, 2016

Scheduled Review Date: March 30, 2021
A. PURPOSE

The purpose of this policy is to set forth the process that must be utilized to determine an employee’s fitness for duty.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Coordinating Team - The appropriate parties/offices (based on the specific situation) responsible for coordinating and facilitating the fitness for duty evaluation. The Coordinating Team may include designated parties from the following areas based on the specific dynamics of the situation: Department of Human Resources, the Office of Institutional Equity and Diversity, the Office of the Provost, University Counsel, ODU Police and such others that may be necessary to determine the appropriate course of action.

Employee Assistance Program (EAP) - A program provided by the Commonwealth of Virginia to persons enrolled in the health benefit program that provides comprehensive, confidential, employee assistance services (such as short-term counseling, assessment, and referral services) to covered University employees and their families.

Fitness for Duty (FFD) - Possessing the physical, emotional and mental capacities to safely and effectively perform the essential functions of an employee’s job, with or without reasonable Americans with Disabilities Act accommodation, in a manner that does not present a direct threat of harm to self or others. Fitness for duty includes, but is not limited to, being free of alcohol- or drug-induced (whether or not legitimately prescribed) impairment that affects job functioning.
**Fitness for Duty Evaluation (FFDE)** - A professional assessment of an employee’s physical, emotional or mental capacities that is carried out by an independent, licensed health care provider with expertise to determine if an employee is or is not capable of safely and effectively performing his/her essential job functions.

**Fitness for Duty Referral** - The informal act of notifying the Department of Human Resources Employee Relations staff about employee behavior that suggests the need for an FFDE.

### D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. This policy does not apply to student employees.

This policy covers only those situations in which an employee is (1) exhibiting observable behavior that impacts the effective and safe performance of his/her duties, or (2) posing a serious safety and/or security threat to self or others. This policy does not apply to employees with short-term, infectious/communicable diseases (e.g., flu, colds).

### E. POLICY STATEMENT

Old Dominion University is committed to promoting a safe and healthy environment for its employees, students, and visitors. Such an environment is possible only when each employee is able to perform his or her job duties in a safe, secure, and effective manner, and remains able to do so throughout the entire time he or she is working. Employees who are not fit for duty may present a safety risk to themselves and to others.

An employee is expected to perform essential job functions in a safe and effective manner, and to discuss with his/her supervisor any circumstances that may impact his/her ability to do so. The University may require professional evaluation of an employee’s physical, emotional or mental capacities to determine his or her ability to perform essential job functions. Such evaluations are conducted by an independent, licensed health care professional and are undertaken only after review by the Coordinating Team. The employee is not responsible for paying the cost of an evaluation(s). To the extent allowed by law, the University shall protect the confidentiality of the evaluation and the results.

A Fitness for Duty evaluation is not required for employees with short-term, infectious/communicable diseases (e.g., flu, colds). If an employee exhibits symptoms of an infectious/communicable disease, the supervisor may ask the employee to leave the workplace in order to have his/her symptoms evaluated by the employee’s own health care provider.

An employee shall not be allowed to work unless he/she maintains a fitness for duty required for the safe performance of essential job functions, with or without reasonable accommodation. Each employee is required to report to work in an emotional, mental and physical condition necessary to perform his or her job in a safe and satisfactory manner and free from the effects of alcohol or drugs. Employees who have the responsibility for on-call shifts must meet the fitness for duty standard during the entire on-call period.
A fitness for duty evaluation may address behavioral changes in an employee that may pose a potential threat to self or others in the workplace. Only the Coordinating Team may determine that a fitness for duty evaluation is necessary. Failure to comply with the recommendations or to utilize the agreed-upon accommodations will be addressed as a performance deficiency in accordance with the applicable employee handbook and may result in disciplinary action up to and including possible termination from employment.

The employee’s satisfactory work performance is the basis for continued employment. An employee must comply with all treatment recommendations resulting from a fitness for duty evaluation to be allowed to return to work. An employee referred for an evaluation will be prohibited from appearing for work pending the completion of the evaluation and approval for return to work. The employee may be placed on paid administrative leave pending the completion of the assessment and release to return to work. During this time, applicable leave policies shall apply.

The University complies with Federal disability law (primarily the Americans with Disabilities Act of 1990 [ADA]). Federal law permits the University to require a health care examination of an employee if the requirement for the examination is job-related, consistent with business necessity and if the University has a reasonable belief that:

1. the employee's ability to perform essential job functions may be impaired by a medical condition; or
2. an employee may pose a direct threat, i.e., significant risk of substantial harm to the health or safety of self or others.

Application of this policy is not intended as a substitute for University policies or procedures related to chronic performance or behavioral problems or as a substitute for discipline. Supervisors shall continue to address performance or behavioral problems through the performance appraisal or annual evaluation process and to implement appropriate corrective or disciplinary action.

F. PROCEDURES

1. Coordinating Team:

Upon receipt of a fitness for duty referral, the Department of Human Resources will convene the Coordinating Team. Before initiating an evaluation, the Coordinating Team shall consult with the employee’s supervisor to gain a clear understanding of the behaviors/circumstances that have raised questions about the employee’s fitness for duty. A member of the Coordinating Team shall also notify the employee of the opportunity to provide any relevant previous medical or psychological treatment information. The Coordinating Team shall determine the appropriateness of fitness for duty testing within a reasonable time after notification, usually within three business days.

While the employee may be prohibited from appearing for work until completion of the fitness for duty evaluation and approval to return to work is provided, the Coordinating Team shall use its discretion to determine whether to allow the employee to work off-site or to represent the University in any work-related capacity.
2. **Results of the Evaluation:**

   The results of fitness for duty evaluations performed by qualified, licensed health care professionals shall be presumed to be valid. Results of the evaluation will be received by the Department of Human Resources. The Department of Human Resources representative to the Coordinating Team will communicate to the employee, the employee’s supervisor and the department head whether the assessment results indicate that the employee is fit for duty and may return to work. [Refer to Section 4 for Confidentiality.]

   After an evaluation, information given to the employee’s supervisor and department head shall be limited to whether the employee may:

   - return to full duty;
   - return to conditional limited duty;
   - not return to full duty, in which case the employee will be referred to the Department of Human Resources for a benefits discussion.

   The University will evaluate all claims of disability and provide reasonable accommodation if a disability exists.

   Any final decision leading to dismissal or sanction of an employee is grievable under the appropriate grievance policy.

3. **Return to Work:**

   If appropriate, the Coordinating Team will refer the employee to the Office of Institutional Equity and Diversity to engage in the accommodations process. Continued employment shall be contingent upon compliance with recommendations provided by the evaluator, such as periodic testing and participation in professional counseling and treatment programs. During this time, applicable leave policies and health plan benefits shall apply. In consultation with the Office of Institutional Equity and Diversity, the supervisor and employee should engage in an interactive process to determine if any reasonable accommodations (e.g., re-assignment of duties for a specific period of time, a flexible work schedule) should be implemented.

4. **Confidentiality/Privacy of Fitness for Duty Evaluations:**

   Under the **Health Insurance Portability and Accountability Act (HIPAA)**, any document containing medical information about an employee is considered a medical record and is regarded as confidential. Records of fitness for duty evaluations shall be treated as confidential medical records and maintained by the Benefits section of the Department of Human Resources. This information may be shared only on a “need to know” basis. Employees may obtain a copy of the medical report from the provider upon written request.

5. **Responsibilities:**

   An employee is responsible for:

   a. Performing his/her job responsibilities in a safe and effective manner, with or without reasonable accommodations, during the entire time at work;
   b. Notifying the supervisor when not fit for duty, if known;
   c. Notifying the supervisor when a coworker is observed acting in a manner that indicates the coworker may not be fit for duty;
d. Informing the upper-level manager or calling the Department of Human Resources for further guidance if the supervisor’s behavior is the focus of concern. (Threats or acts of violence should be reported immediately to the University Police Department by calling 683-4000 or 911;)

e. Providing relevant medical and psychological information when given the opportunity to do so; and

f. Complying with this policy and any authorized request to submit to an evaluation.

A supervisor is responsible for:

a. Observing and documenting the attendance, performance, and behavior of the employees under his/her supervision;

b. Notifying the appropriate unit/department head when an employee is exhibiting behavior that suggests he/she may not be fit for duty;

c. Arranging for the removal of an employee deemed not fit for duty from the work site unless he/she poses an immediate safety threat in which case the supervisor should call the ODU Police Department at 683-4000 or 911;

d. Arranging transportation for the employee from the work site if necessary;

e. Providing relevant information to assist with the process;

f. Maintaining the confidentiality of an employee’s medical information;

g. Notifying the Office of Institutional Equity and Diversity of any requests for accommodations received from the employee; and

h. Implementing any reasonable accommodation deemed necessary.

Member(s) of the Coordinating Team are responsible for:

a. Ensuring that the appropriate unit/department head has been consulted;

b. Soliciting information from the supervisor regarding employee behaviors or performance, and from the employee regarding any relevant previous medical or psychological treatment information;

c. Identifying who will conduct the fitness for duty evaluation;

d. Receiving the results of the fitness for duty evaluation and ensuring that the results have been communicated to the employee;

e. Implementing any recommendations proposed by the fitness for duty evaluation;

f. Referring the employee to the Office of Institutional Equity and Diversity, as appropriate;

g. Communicating with the employee as to his/her rights, responsibilities and employment status;

h. Maintaining confidentiality except as detailed in the Confidentiality/Privacy section above.

G. RETENTION

Records of fitness for duty evaluations must be retained with other employee medical records for 30 years after separation, then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 103, Series 100484).

H. RESPONSIBLE OFFICER

Director of Human Resources for Employee Relations and Strategic Initiatives
I. RELATED INFORMATION

Virginia Department of Human Resource Management Policy 1.60 – Standards of Conduct
Board of Visitors Policy 1014 - Threat Assessment
University Policy 3020 – Whistleblower Retaliation Policy
University Policy 5406 - Accommodations for Individuals with Disabilities Old Dominion
University Teaching and Research Faculty Handbook
Old Dominion University Administrative and Professional Faculty Guidebook
Old Dominion University Classified Employee Guidebook
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ K. C. Williamson
Responsible Officer

July 6, 2016
Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks
Chair, Policy Review Committee (PRC)

April 26, 2016
Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin
Responsible Oversight Executive

July 6, 2016
Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance
University Counsel

July 18, 2016
Date

Presidential Approval:

/s/ John R. Broderick
President

July 18, 2016
Date

Policy Revision Dates: January 12, 2015; July 18, 2016

Scheduled Review Date: July 18, 2021
A. PURPOSE

The purpose of this policy is to ensure compliance with the provisions of the Policies and Procedures Manual issued by the Commonwealth of Virginia Department of Human Resource Management (DHRM).

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia Section 2.2-804, as amended

The University has authority to create policies and procedures to supplement DHRM policies. This policy establishes the procedures to be followed in order to comply with numerous DHRM leave policies.

C. DEFINITIONS

Banner Administrative Information System - The term used to reference the information technology system, Banner® Digital Campus. Banner is the administrative software system used to manage student information, financial aid, finance, and human resources at Old Dominion University.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Department of Human Resource Management (DHRM) – State agency tasked with providing policies that govern the management of the State’s workforce.

Web Time Entry (WTE) - A web-based system designed to enable employees to submit hours worked and leave information electronically, eliminating the paper submission of time slips, time and attendance forms, leave activity forms, and leave reports.
D. SCOPE

This policy applies to all classified employees and their supervisors.

E. POLICY STATEMENT

The leave policies allow classified employees to take paid and unpaid leave for several reasons, such as vacation, personal illness or family-related matters. The University's leave reporting procedures promote consistent and accurate record keeping to ensure compliance with Federal and State requirements.

Provision of Leave for Full-Time Classified Employees

Classified employees accrue annual leave, which allows them to continue to receive full pay when they take time off from work. Classified employees have two different sick leave programs. Under the accrual system, sick leave is earned each pay period, and under the Virginia Sickness and Disability Program (VSDP), classified employees are allotted a certain amount of sick leave and family/personal leave on January 10 of each year. Both types of sick leave allow employees to continue to receive full pay when they take time off from work. Under certain conditions, classified employees may earn other paid leave, such as compensatory or overtime leave, for extra hours worked. These leave balances also may be used to take time off from work with full pay.

Employees who do not have adequate leave balances to cover necessary absences are placed on leave without pay. All leave taken and overtime or compensatory leave earned must be recorded via WTE or submitted to the Payroll Office on a Classified Exempt Manual Timesheet or a Classified Non-Exempt Manual Timesheet per their requirements. These manual timesheets are available on the Office of Finance forms web page.

All leave time must be earned or allotted before it can be used by the employee. Employees are credited with annual leave at the end of each completed pay period of service. Employees in the accrued sick leave program are also credited with sick leave at the end of each completed pay period of service. Pay periods are the 10th through the 24th and the 25th through the 9th of each month.

Annual leave and sick leave that is accrued is not available for use until the first day of the following pay period. No leave of absence with pay shall be granted in anticipation of future leave accruals or allotments.

As far as practicable, a leave of absence with pay will be granted at the time requested by the employee. Leave shall be requested in advance and approval is subject to the needs of the department. When the need for or time of an absence cannot be anticipated (i.e. illness) and when conditions warrant, the supervisor may approve leave after an absence.

Payment for leave is an expenditure of State funds and employee leave records are subject to audit. No classified employee shall receive pay for any leave taken in any pay period in which there was not sufficient accumulated leave to cover the absence. Failure to properly report and/or authorize leave may result in a financial obligation to the employee and/or the supervisor approving the leave. Disciplinary action may also be taken.
Provision of Leave for Part-Time Classified Employees

Part-time classified employees accrue annual leave on a prorated basis for each pay period of service. Part-time classified employees in the accrual sick leave program also receive sick leave on a prorated basis for each pay period of service. Part-time classified employees in the VSDP sick leave program receive the appropriate allotments of family/personal leave and sick leave based on each pay period of service. Part-time classified employees are also eligible for prorated community service leave, administrative leave and workers’ compensation leave. The same policy and record keeping requirements apply for part-time classified employees.

F. PROCEDURES

Leave Record Keeping

The leave records are maintained in the WTE system. Non-exempt employees enter the hours worked and any leave taken each pay period. Exempt employees enter any leave taken – or a statement that no leave was taken – each pay period. Hours should be reported to the nearest tenth of an hour as follows:

<table>
<thead>
<tr>
<th>PERIOD OF ABSENCE</th>
<th>REPORTING INCREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 minutes – 2 minutes, 59 seconds</td>
<td>Disregard</td>
</tr>
<tr>
<td>3 minutes – 8 minutes, 59 seconds</td>
<td>.10</td>
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<tr>
<td>9 minutes – 14 minutes, 59 seconds</td>
<td>.20</td>
</tr>
<tr>
<td>15 minutes – 20 minutes, 59 seconds</td>
<td>.30</td>
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<tr>
<td>21 minutes – 26 minutes, 59 seconds</td>
<td>.40</td>
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<tr>
<td>27 minutes – 32 minutes, 59 seconds</td>
<td>.50</td>
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<tr>
<td>33 minutes – 38 minutes, 59 seconds</td>
<td>.60</td>
</tr>
<tr>
<td>39 minutes – 44 minutes, 59 seconds</td>
<td>.70</td>
</tr>
<tr>
<td>45 minutes – 50 minutes, 59 seconds</td>
<td>.80</td>
</tr>
<tr>
<td>51 minutes – 56 minutes, 59 seconds</td>
<td>.90</td>
</tr>
<tr>
<td>57 minutes – 60 minutes</td>
<td>One Hour</td>
</tr>
</tbody>
</table>

Required Approval

The employee submits the timesheet via WTE to the supervisor who can return it for correction, if necessary. When the timesheet is correct, the supervisor approves it through WTE and it is submitted to the Payroll Office. These submissions are considered electronic signatures of both the employee and the supervisor. Failure to properly report and/or authorize leave may result in a financial obligation to the employee and/or the supervisor approving the leave.

Certain types of leave require back-up documentation. Any required supporting documentation such as subpoenas or summons for the use of administrative leave, or military orders for military leave usage, are retained in the department files by the supervisor and are subject to audit.

A copy of military orders and/or form DD214 must be provided to the Department of Human Resources.
Employee Responsibilities

Employees are responsible for entering complete and accurate time and leave information via WTE by established deadlines each pay period.

Employees are also expected to:

- Comply with department procedures for requesting the use of leave including advance notification.
- Maintain sufficient leave balances for requested leave.
- Provide documentation to support use of leave when requested.
- Comply with policies governing specific leave benefits.

Supervisor Responsibilities

The accurate accounting of employee work hours is no less important than the accurate accounting of cash. The supervisor is responsible for assuring that complete and accurate leave information is submitted via WTE by established deadlines. Supervisors have the authority to disapprove annual, family/personal, compensatory or overtime leave requests.

The supervisor should:

- Monitor employee use of leave and leave balances in Banner WTE.
- Resolve discrepancies between departmental records and Banner WTE records.
- Request documentation to support leave when appropriate.
- Identify patterns of leave abuse and take corrective action;
- Deny leave requests, unless an emergency, when employees do not have sufficient balances to cover the absences;
- Notify the Department of Human Resources immediately for the following situations as unique reporting methods may be required to ensure accurate reporting:
  o Leave without pay
  o Short-term disability
  o Workers’ Compensation absences
  o Employee requested leave without pay
  o Military Leave

Records Retention

Leave records are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule.

G. RESPONSIBLE OFFICER

Staffing and Operations Manager, Department of Human Resources

H. RELATED INFORMATION

Family and Medical Leave Act
Virginia Department of Human Resource Management Leave Policies
Old Dominion University’s Office of Finance Web Time Entry Procedures
Department of Human Resources Leave Sharing Program
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris ____________________________  March 21, 2016 _________________
Responsible Officer  ____________________________  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ____________________________  November 17, 2015 _______________
Chair, Policy Review Committee (PRC)  ____________________________  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin ____________________________  March 21, 2016 _________________
Responsible Oversight Executive  ____________________________  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ____________________________  March 29, 2016 _________________
University Counsel  ____________________________  Date

Presidential Approval:

/s/ John R. Broderick ____________________________  March 30, 2016 _________________
President  ____________________________  Date

Policy Revision Dates:  February 1, 1993; October 1, 2002; October 2, 2009; March 30, 2016

Scheduled Review Date:  March 30, 2021
A. PURPOSE

The purpose of this policy is to provide an effective means for administering the Family and Medical Leave Act of 1993 (FMLA) and to ensure compliance.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Federal Family and Medical Leave Act of 1993 (FMLA)

Virginia Department of Human Resource Management Policy 4.20 - Family and Medical Leave

C. DEFINITIONS

Active Duty or Call to Active Duty Status – Active duty in the Regular Armed Forces or duty under a Federal call or order to active duty (not a State call to active duty unless by order of the President of the United States) in support of a contingency operation pursuant to specific enumerated provisions of Section 688 of Title 10 of the United States Code or deployment to a foreign country. A call or order to active duty is only made to members of the National Guard or Reserve components or a retired member of the Regular Armed Forces or Reserves.

Child – A biological, adopted or foster child, a step child, legal ward, or a child of a person standing in place of the parent. The child must either be under age 18 or be age 18 or older and incapable of self-care because of a mental or a physical disability.

Covered Service Member – For purposes of military caregiver leave, a covered service member is a current member of the Regular Armed Forces, National Guard, or Reserves, including those on the temporary disability retired list, but not including former members or members on the permanent disability list. Also covered are veterans who have served on active duty and, within five years of serving, are undergoing medical treatment, recuperation or therapy for a serious injury or illness incurred while on active duty or because active duty aggravated an existing or preexisting injury or illness. The covered service member must be receiving medical treatment or
Eligible University Employees - Those employed for a total of at least 12 months by the University or the Commonwealth of Virginia in the past seven years and who have worked at least 1,250 hours during the 12-month period prior to the leave request. (NOTE: The required 1,250 hours do not have to be worked during consecutive months. However, the 1,250 hours of work requirement applies to the 12 months immediately preceding the start of the leave.) Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Employees who do not meet the above criteria should contact the Department of Human Resources.

Employee Benefits – All benefits provided by the University to eligible employees including annual and sick leave, group life insurance, health insurance, retirement contributions and tuition assistance.

Family and Medical Leave – Leave without pay (or use of an employee’s accrued leave) for up to 12 or 26 workweeks during a designated 12-month period for the reasons stated in this policy in conformance with the Federal FMLA.

Health Care Provider – Health Care Provider includes the following:

- Doctors of medicine or osteopathy who are authorized to practice medicine or surgery (as appropriate) by the state in which the doctors practice;
- Any other person determined by the Secretary of the Department of Labor to be capable of providing health care services; and
- Others capable of providing health care services to include only podiatrists, dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, physician assistants, and nurse-midwives authorized to practice in the State and performing within the scope of their practice as defined under State law.

Immediate Family Member – An employee’s child, spouse, parent or “next of kin.”

Military Caregiver Leave – Up to 26 weeks of leave may be taken during a single 12-month period to care for a covered service member. The single 12-month period is measured forward from the date the leave begins.

Next of Kin – The closest blood relative of the injured or recovering military service member. The next of kin is only eligible for FMLA entitlement and benefits protection for military caregiver leave.

Parent – Biological parent or individual who stood in place of the parent of the employee and was charged with the duties and responsibilities of the parent. The term does not include a parent-in-law.

Qualifying Exigency – A non-medical activity that is directly related to the covered military member’s active duty or call to active duty status. For an activity to qualify as an exigency, it must fall within one of seven categories of activities or be mutually agreed to by the supervisor and the employee.

The seven categories of qualifying exigencies are short-notice deployment, military events and related activities, certain temporary childcare arrangements and school activities, financial and
legal arrangements, counseling by a non-medical counselor, rest and recuperation, and post-deployment military activities.

**Serious Health Condition** - An illness, injury, impairment, or physical or mental condition that requires either inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in daily activities.

Whether such a condition causes an incapacity for FMLA leave is: (a) measured by the duration of the incapacity itself (more than three full consecutive calendar days); (b) requires in-person treatment by a health care provider at least once within seven days of the first day of incapacity; and (c) requires either a regimen of continuing treatment initiated by the health care provider during the first treatment or a second in-person visit to the health care provider for treatment (the necessity of which is determined by the health care provider) within 30 days of the first day of incapacity.

A chronic condition is one that: (a) requires visits for treatment by a health care provider at least twice a year; (b) continues over an extended period of time; and (c) may cause episodic incapacity rather than a continuing period of incapacity.

**Spouse** – The husband or wife of the employee as recognized under the laws of the Commonwealth of Virginia for the purpose of marriage.

**Web Time Entry (WTE)** - A web-based system designed to enable employees to submit hours worked and leave information electronically, eliminating the paper submission of time slips, time and attendance forms, leave activity forms, and leave reports.

**D. SCOPE**

This policy applies to all eligible employees of the University and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

**E. POLICY STATEMENT**

Old Dominion University complies with the Family and Medical Leave Act of 1993 and provides eligible employees with up to 12 weeks of unpaid, job-protected family or medical leave for the birth, adoption, or foster care of a child; because the employee is needed to care for a family member (child, spouse or parent) with a serious health condition; or because the employee’s own serious health condition makes him or her unable to do his or her job. FMLA also provides for specific military family leave rights related to military service.
F. PROCEDURES

BASIC FAMILY AND MEDICAL LEAVE ENTITLEMENT

Eligible full-time faculty and staff may request up to 12 weeks (60 workdays or 480 work hours) of unpaid, job-protected leave during a designated 12-month FMLA leave year for the following circumstances:

1. birth of a child and to care for that child,
2. placement of a child for adoption or foster care and to care for the newly placed child,
3. to care for a spouse, child or parent with a serious health condition,
4. serious health condition of the employee that makes the employee unable to perform his/her job,
5. any qualifying exigency arising out of the fact the employee’s spouse, son, daughter or parent is a covered military member on active duty or has been notified of an impending call or order to active duty in support of contingency operations.

Certain kinds of paid leave, according to applicable University leave policies, will be substituted for unpaid leave. (See the section of this policy on “Use of Paid Leave.”)

FMLA for Eligible Part-time Employees – Eligible part-time employees may take up to 12 weeks of family and medical leave for the reasons listed above. Actual hours taken will be counted on a pro-rated basis corresponding to the percentage of hours they normally are scheduled to work during a year.

FMLA for Eligible Wage Employees – Eligible wage employees may take up to 12 weeks of family and medical leave for the reasons listed above. Actual hours taken will be counted on a pro-rated basis corresponding to the percentage of hours they are normally scheduled to work during the 365-day period prior to the date family and medical leave is scheduled to begin.

MILITARY FAMILY LEAVE ENTITLEMENT

Eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the Regular Armed Forces, National Guard or Reserves in support of a contingency operation may use their 12-week (60 workdays or 480 work hours) leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special military caregiver leave entitlement that permits an eligible employee who is the spouse, son, daughter, or next of kin of a covered service member or veteran who is recovering from a serious illness or injury sustained or a preexisting condition aggravated in the line of duty while on active duty to use up to 26 weeks (130 workdays or 1040 work hours) of leave in a single, 12-month period to care for the service member. This leave is only available once and is combined with all other FMLA leaves that year limiting FMLA for all purposes to 26 weeks during a 12-month period.

Certain kinds of paid leave, according to applicable University leave policies, will be substituted for unpaid leave. (See the section of this policy on “Use of Paid Leave.”)

Eligible employees taking leave under the FMLA have a guaranteed right to return to their same jobs or to a job with equivalent status and pay. Health benefits must continue during the leave at the same level and conditions as if the employee had continued to work.
ELIGIBLE UNIVERSITY EMPLOYEES

All full-time faculty, administrative and professional faculty, part-time faculty, wage and classified staff employed at the University or the Commonwealth of Virginia for at least 12 months in the past seven years and who have worked 1,250 hours during the 12 months before the start of the FMLA leave are eligible.

Wage employees and part-time faculty who have been employed by the University for at least 12 months and who have worked at least 1,250 hours during the 12 months before the start of the FMLA leave are eligible.

TWELVE-MONTH FMLA LEAVE YEAR

The FMLA Leave Year for classified and hourly employees is January 10-January 9. For faculty, administrative and professional faculty, adjunct faculty and those employees applying for military caregiver leave, the FMLA Leave Year is a rolling 12-month period measured backward from the date an employee begins an FMLA-approved leave.

USE OF PAID LEAVE

The University requires employees eligible for paid leave to use accrued paid leave in concurrence with usage of FMLA. The types of paid leave that may be used are based on the applicable State and University leave policies. Wage employees and part-time faculty are ineligible for paid leave.

SPOUSES EMPLOYED BY THE UNIVERSITY

If both spouses work for the University, they are eligible for an aggregate of 12 weeks of leave per 12-month period for birth, for placement for adoption or foster care, or to care for a sick parent. However, if leave is for a seriously ill spouse or child or for the employee’s own serious illness, the husband and wife are each entitled to a 12-week period.

EMPLOYEE RESPONSIBILITIES

An employee must give 30 days’ advance written notice to the supervisor of the need to take FMLA leave when it is foreseeable for the birth or placement of a child for adoption or foster care or for planned medical treatment. When it is not possible under the circumstances to provide advance notice, the employee must notify the supervisor according to the University’s and/or department’s usual and customary leave of absence notification requirements. The employee must provide sufficient information depending on the situation for the University to reasonably determine whether FMLA may apply; calling in sick is inadequate to obtain FMLA protection. The employee must also notify the Department of Human Resources. The employee’s adult relative, spouse, attorney or health care provider may also notify the supervisor and/or the Department of Human Resources of the employee’s need for FMLA leave.

If an employee takes leave based on planned medical treatment for the employee or the employee’s child, spouse or parent, the employee must consult with the supervisor in advance and make reasonable efforts to schedule the treatment to minimize disruptions to the department's operations.

The employee must notify the supervisor as soon as practicable about any changes to the leave dates.
The employee is responsible for ensuring that the health care provider completes the required certification of the employee’s or family member’s serious health condition to be eligible for FMLA coverage. The employee is also responsible for reporting leave taken in WTE or the appropriate reporting method for his/her leave status as required by the Payroll Office.

SUPERVISOR’S RESPONSIBILITIES

Supervisors and managers are responsible for notifying the Department of Human Resources immediately upon request for or notification of an employee's FMLA leave. The Department of Human Resources will provide formal notification to the employee. Additionally, supervisors must approve intermittent leave work schedules. The Department of Human Resources must be notified of any change in the employee's status as soon as the supervisor is notified. The supervisor is responsible for timely submission of leave taken via WTE.

DEPARTMENT OF HUMAN RESOURCES RESPONSIBILITIES

The Department of Human Resources is responsible for administering the University’s FMLA policy. Responsibilities include notifying all employees of the FMLA policy, designating FMLA coverage, and maintaining all related documents and forms. The Department of Human Resources, upon receiving notice of a request for FMLA leave, is responsible for issuing the notice of eligibility and rights and responsibilities under FMLA to the employee within five business days (absent extenuating circumstances). The Department of Human Resources will provide the employee with the health care provider or military family leave certification forms and issue the designation notice of FMLA leave to the employee within five business days after receiving sufficient information to determine if the absence qualifies for FMLA (absent extenuating circumstances).

SERIOUS HEALTH CONDITION CERTIFICATION

A request for leave due to a serious health condition must be supported by a certification from the employee’s or family member’s health care provider. The certification should include:

- the date on which the health condition began and the probable duration of the employee’s present incapacity
- the medical facts regarding the “serious health condition” information as to whether it will be necessary for the employee to work intermittently or on a less than full schedule or if the employee is unable to perform work of any kind as a result of the condition (i.e., is the employee unable to perform any one or more of the essential functions of the employee’s job?)
- if the condition is a chronic condition or pregnancy, a statement as to whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity
- a statement as to whether additional treatments will be required for the condition and an estimate of the probable number of such treatments
The certification for a family member should include a statement from the health care provider that the employee is needed to care for the family member with a serious health condition and should identify the serious health condition, the probable duration of care, and indicate which of the following the employee will be providing:

- assistance with basic medical or personal needs
- transportation
- psychological comfort

The medical certification should be provided within 15 calendar days of the request to use FMLA leave. The Department of Human Resources will provide the employee with the certification form for the health care provider to complete.

Re-certifications may be requested every six months in connection with an absence. A re-certification may also be requested at any time for the following reasons:

- if an extension to leave is requested
- if there is a significant change such as a pattern of absences before/after scheduled days off
- if the duration of absences is longer than specified on certification for the most recent two or more episodes of incapacity
- if the University receives information casting doubt on the stated reason for the absence.

The Department of Human Resources (but not the employee’s immediate supervisor) may contact the employee’s health care provider directly to authenticate and/or clarify the certification or re-certification.

If the employee’s health care provider will not complete the certification or provide subsequent clarification of it without a HIPAA authorization from the employee, the University cannot require the employee to provide the HIPAA consent. However, the employee will lose FMLA protection if the certification is not submitted in a timely manner because of failure to provide the HIPAA consent. Upon notification by the Department of Human Resources that the certification is incomplete or missing, the employee shall have seven days in which to submit the required certification.

Time off may be designated retroactively as FMLA leave once the University has enough information to determine the qualifying reason for the leave.

Second and Third Opinions – The University may require, at its expense, a second opinion from its designated or approved health care providers. (This health care provider cannot be one who is employed by the University on a regular basis.) When the second opinion differs from the first, the University may, at its expense, require a third opinion from a health care provider designated or approved jointly by the employee and University. The opinion of the third health care provider shall be considered final and binding upon the University and the employee.

The University may require an employee to report periodically during the leave period on his or her leave status and intention to return to work and to provide subsequent re-certifications on a reasonable basis.

Employees who have been absent due to their own illness may be asked to provide a medical release statement confirming their fitness for duty or return to work and their ability to perform
the essential functions of their job from their health care provider. This requirement will be noted on the FMLA Designation Notice Form provided by the Department of Human Resources.

**MILITARY FAMILY LEAVE CERTIFICATION**

**Military Exigency Leave** – Two different types of certification for military exigency leave are required. One is a certification that the covered service member is a member of the Regular Armed Forces, National Guard or Reserves who is on active duty or called to active duty in support of a contingency operation or deployment to a foreign country. A copy of the Regular Armed Forces member’s active duty military identification card or for National Guard or Reservists a copy of active duty orders will contain the necessary information. Once the employee furnishes the certification, the University may not require the same certification again for subsequent absences related to the same active duty of that particular service member. The other certification is a statement from the employee (including available written support documentation) about the nature and details of the specific exigency, the amount of leave needed, and the employee’s relationship to the military member. The University has developed a certification form for this purpose and the employee must provide the required certification within 15 calendar days, absent unusual circumstances.

**Military Caregiver Leave** – Information from the health care provider and from the employee and/or covered service member or veteran is required to support military caregiver leave. The certification will address the service member’s military status (for veterans a copy of the DD-214) and care to be provided, along with a medical certification completed by the authorized health care provider. The University has developed a certification form for this purpose and the employee must provide the required certification within 15 calendar days, absent unusual circumstances.

Time off may be designated retroactively as FMLA leave once the University has enough information to determine the qualifying reason for the leave.

**INTERMITTENT LEAVE**

An employee may take leave intermittently (take a day or days periodically when needed) or use leave to reduce the work day or work week, resulting in a reduced work schedule. The supervisor must approve these variations. The supervisor and employee should agree on work schedules during intermittent leaves or reduced schedule time periods.

Medical certification for intermittent leave should include the following information:

1. a statement confirming the necessity for intermittent leave;
2. the planned duration of the medical treatment;
3. the expected dates for the medical treatment.

The supervisor may request medical certification to verify that the actual work hours or days missed were medically necessary.

The employee may be temporarily reassigned to an alternative position with equivalent pay and benefits that could better accommodate the use of an intermittent leave schedule when the use of leave is foreseeable based on the planned medical treatment. An employee on unforeseeable intermittent leave cannot be transferred to an alternative job.
BENEFITS AND JOB PROTECTION

The University will continue to provide health insurance coverage under its group health plan during the leave period at the same level and conditions as if the employee had continued to work. The University will continue to pay its portion of the health care premium.

The employee’s portion of the health care premium will continue to be deducted from the paycheck while the employee is on a paid leave status. If the employee is on leave without pay, then he or she will need to submit a personal check to the Payroll Office for his/her health care premium portion. All applicable insurance premiums are due to the Payroll Office by the fifth of the month for the current month’s coverage. Failure to make payment within 30 days will result in termination of coverage. Employees should consult with the Department of Human Resources’ Benefits Staff regarding how to make any necessary payments.

The University will continue to pay life insurance premiums while employees are on FMLA. Leave is not accrued during any period of leave without pay. Retirement contributions will be made for any pay period in which qualifying compensation has been received by the employee.

RESTORATION TO POSITION

The University will place faculty or staff who return from leave under the FMLA in their same jobs unless extenuating circumstances occur. Should extenuating circumstances occur, faculty or staff returning from leave under the FMLA will be placed in an equivalent position. The standard of equivalence requires comparability and correspondence to duties, terms, conditions and privileges of the employee’s previous position.

The University may deny restoration if it can be shown that the employee would not have been employed at the time reinstatement is requested (i.e. the employee would have been laid off).

MANAGEMENT OF FMLA RECORDS

The Department of Human Resources is responsible for the management of FMLA records, which includes the maintenance, retention and preservation of FMLA records. Records and documents relating to medical certifications or re-certifications of employees or employees’ family members are to be maintained in separate files/records and treated as confidential medical records except:

- supervisors and managers may be informed regarding necessary restrictions on work duties and necessary accommodations;
- first aid and safety personnel may be informed (when appropriate) if the employee’s physical or medical condition might require emergency treatment; and
- government officials investigating compliance with FMLA (or other pertinent law) shall be provided relevant information upon request.

G. RETENTION

Records are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 102, Series 200113).
H. RESPONSIBLE OFFICER

Human Resources Benefits Manager

I. RELATED INFORMATION

Federal Fair Labor Standards Act
Virginia Department of Human Resource Management Leave Policies
University Faculty Leave Policies and Procedures
  • Board of Visitors Policy 1430 - Sick Leave Policy
  • Board of Visitors Policy 1431 - Military Leave Policy
  • Board of Visitors Policy 1432 - Leave of Absence Without Compensation
  • Board of Visitors Policy 1433 - Civil and Administrative Leave Policy
  • Board of Visitors Policy 1434 - Bone Marrow and Organ Donor Leave Policy
  • Board of Visitors Policy 1435 - Emergency/Disaster Leave Policy
  • Board of Visitors Policy 1436 - Recognition Leave Policy
  • Board of Visitors Policy 1437 - School Assistance and Volunteer Service Leave Policy

Certification of Health Care Provider for Employee’s Serious Health Condition
Certification of Health Care Provider for Family Member’s Serious Health Condition
Certification of Qualifying Exigency for Military Family Leave
Certification for Serious Injury or Illness of a Current Service Member for Military Family Leave
Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Brenda M. Johnson    December 14, 2016
Responsible Officer     Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks      October 25, 2016
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin    December 14, 2016
Responsible Oversight Executive     Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance      December 15, 2016
University Counsel    Date

Presidential Approval:

/s/ John R. Broderick    December 16, 2016
President     Date

Policy Revision Dates: August 5, 1993; August 24, 1995; October 2, 2009; June 24, 2010; December 16, 2016

Scheduled Review Date: December 16, 2021
A. PURPOSE

The purpose of this policy is to provide a return-to-work environment that accommodates an employee’s transition to full duty following an injury, illness, or other medical condition that precludes the employee from performing his/her assigned, regular duties.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grant authority to the President to implement the policies and procedures of the Board relating to University operations.

Executive Order 94 (2005) of July 14, 2005 – Workplace Safety and Employee Health

C. DEFINITIONS

Adjunct Faculty – Employees appointed to academic adjunct ranks who teach part time and whose compensation is based upon the number of credit hours taught.

Administrative and Professional (AP) Faculty – Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Department of Human Resource Management (DHRM) – State agency tasked with providing policies that govern the management of the State’s workforce.
Faculty – Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles (with departmental designation) of professor, associate professor, assistant professor, senior lecturer, lecturer, instructor, or the equivalent of any of these academic ranks.

Hiring Supervisor – The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate employees, and discipline employees.

Personal Injury, Illness or Medical Condition – An injury, illness or medical condition not arising from the course of an employee’s employment or performance of assigned duties.

Regular Duty – The duties assigned to an employee in his/her position description or in the case of faculty as defined in the Faculty Handbook.

Wage Employee – A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. (Wage employees are sometimes referred to as hourly employees.) Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time.

Work-related Injury – An injury arising from the course of an employee’s employment or performance of assigned duties.

D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

E. POLICY STATEMENT

Old Dominion University is committed to providing temporary return-to-work duty assignments and, to the extent possible, assisting employees by temporarily modifying work assignments or duties or arranging for a temporary transfer until the employee is medically released to resume regular duties.

This policy shall be applied throughout Old Dominion University in situations when a salaried, full- or part-time faculty member, AP faculty member, or classified employee is temporarily restricted in the performance of his/her regular duties due to personal injury, illness or medical condition, or a work-related injury.

This policy may be applied, at the discretion of the supervisor, in situations when a wage employee is temporarily restricted in the performance of his/her regular duties as directed by an authorized medical provider, due to personal injury, illness or medical condition, or a work-related injury.
Classified and wage employees shall not be assigned to return-to-work assignments above their pay band.

Return-to-work assignments shall not jeopardize the employee’s healing or recovery process or in any way go beyond prescribed medical restrictions.

F. PROCEDURES

Refer to University Return-to-Work Procedures.

Records Retention

Return-to-work notifications sent to employees are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule.

G. RESPONSIBLE OFFICER

Benefits Manager, Department of Human Resources

H. RELATED INFORMATION

Virginia Sickness & Disability Program (VSDP)
Virginia Department of Human Resource Management Office of Workers’ Compensation
Virginia Department of Human Resource Management Return-to-Work Procedures
Virginia Department of Human Resource Management Leave Policies
Board of Visitors Leave Policies (1430-1437)
University Policy 6050 – Family and Medical Leave Act Policy
Department of Human Resources Classified Leave & Leave Reporting
Worker’s Compensation Procedures
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Brenda M. Johnson  March 21, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  December 15, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  March 21, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  March 29, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  March 30, 2016
President  Date

Policy Revision Dates:  May 1, 2001; April 15, 2005; February 1, 2006,
December 8, 2009; March 30, 2016

Scheduled Review Date:  March 30, 2021
A. PURPOSE

The purpose of this policy is to provide guidelines for appropriate functional space for lactation and provision of reasonable break time, when needed, for nursing mothers to express breast milk.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Section 7(r) of the Fair Labor Standards Act, as amended by the Patient Protection and Affordable Care Act (ACA) in 2010

C. DEFINITIONS

Lactation – The practice of a breast-feeding mother to express breast milk for her infant.

Lactation Room – An appropriate functional space, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee or student to express breast milk.

D. SCOPE

This policy applies for a period no less than 12 months after the birth of a child to all employees, students, and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons attending classes whether enrolled or not enrolled. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.
E. POLICY STATEMENT

The Patient Protection and Affordable Care Act (ACA) amended Section 7(r) of the Fair Labor Standards Act in 2010 to require employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the birth and to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express milk.

Old Dominion University is committed to supporting the lactation needs of employees and students by providing lactation rooms and reasonable break time for nursing mothers to express breast milk, for no less than 12 months after the birth of a child.

F. PROCEDURES

1. Use of Lactation Resources

   • Employees are responsible for coordinating with their supervisors time needed for lactation and for following the room reservation procedures established for the lactation room they would like to use.
   • Supervisors are responsible for permitting reasonable paid break time for nursing mothers to use lactation rooms as needed. The frequency and duration of the break time will likely vary.
   • Students are responsible for coordinating with their class instructors time needed for lactation and for following the room reservation procedure established for the lactation room they would like to use.
   • Class instructors are responsible for permitting reasonable time away from class for nursing mothers to use lactation rooms as needed. The frequency and duration of the break time will likely vary.

2. Responsibilities

   The Department of Human Resources and the University Women’s Caucus will:

   • Annually review established lactation rooms for compliance with Department of Labor Guidelines and recommend any repair or refurbishing needed.
   • Identify new spaces as needs are identified and coordinate the preparation of those rooms.
   • Maintain a current list of locations, phone contacts and procedures for reserving lactation rooms.
   • Disseminate and post the location of lactation rooms and policy information broadly throughout the campus and post on the University, Department of Human Resources, Women’s Center and Student Engagement and Enrollment Services Resources websites.
   • Coordinate furnishing the lactation rooms with a table, chair and electric outlet. Some may be equipped with a small refrigerator.

   All training conducted by the Department of Human Resources related to family-friendly policies will include information about the Lactation Support Policy and resources.
3. Assistance

   a. Employees who may have questions, comments or concerns should be directed to the Department of Human Resources at 757-683-3042.

   b. Students who may have questions, comments or concerns should be directed to the Office of Student Ombudsman Services at 757-683-3442.

G. RESPONSIBLE OFFICER

   Director of Human Resources for Employee Relations & Strategic Initiatives

H. RELATED INFORMATION

   United States Breastfeeding Committee (USBC)

   U.S. Department of Labor, Wage and Hour Division – Fact Sheet #73: Break Time for Nursing Mothers under the FLSA

   U.S. Department of Education, Supporting the Academic Success of Pregnant and Parenting Students Under Title IX of the Education Amendments of 1972
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Kathy Williamson  April 3, 2015
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  January 27, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  April 8, 2015
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ James D. Wright  April 9, 2015
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  April 10, 2015
President  Date

Policy Revision Dates:  April 10, 2015

Scheduled Review Date:  April 9, 2020
A. PURPOSE

The purpose of this policy is to recognize the benefits to employees and their families of meaningful bonding time upon the birth or placement of a child by establishing paid parental leave. This paid leave enhances the family-friendly practices already in place and provides an additional tool for talent acquisition and retention that supports a diverse, capable, and engaged workforce.

This policy also formally expands eligibility for this paid leave to teaching and research faculty and administrative and professional faculty at Old Dominion University.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Family and Medical Leave Act ("FMLA")

Fair Labor Standards Act ("FLSA")

Virginia Sickness and Disability Plan ("VSDP")

Executive Order #12 (2018) - Parental Leave for Commonwealth Employees

Department of Human Resource Management ("DHRM") Policy #4.21- Parental Leave

C. DEFINITIONS

Access to Parental Leave – An eligible employee who has provided the appropriate documentation may charge parental leave beginning on the date of birth of an infant or date of an adoptive, foster, or custodial care placement of a child. Parental leave expires six (6) months after the birth or placement.
Adoption - The act of legally and permanently assuming the responsibility of raising a child as one’s own.

Administrative and Professional (AP) Faculty - Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Child – A newborn biological child or a newly-placed adopted, foster, or custodial child under the age of eighteen.

Classified Employee - A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Custodial Care – A placement authorized by a judgment, decree, or other order of a court providing for the legal and physical custody of a child.

Foster Care – The act of temporarily assuming the responsibility of daily care and supervision for a child removed from his or her birth family home due to issues endangering their health and/or safety. Parental leave may be used for temporary arrangements made through local departments of social services with the intent of reuniting the child with his/her birth family if possible.

Parent – Legally recognized biological, adoptive, foster, or custodial parent

Restricted Classified Employee - A classified position with at least 10% of its funding from non-continuous or non-recurring funding sources, such as grants, donations, contracts, capital outlay projects, or higher education auxiliary enterprise revenues. Employees in restricted positions have no guarantee of employment for a particular term and may be terminated in accordance with the policies of the Department of Human Resource Management (DHRM). Certain provisions of the Layoff Policy do not apply to employees in restricted positions.

Teaching and Research Faculty - Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles.

Wage Employee - A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. Wage employees are sometimes referred to as hourly employees. Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time.

D. SCOPE

This policy applies to all eligible employees of the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University.

E. POLICY STATEMENT

The University will provide eligible employees (teaching and research faculty, administrative and professional faculty, and classified and restricted staff) with up to eight (8) weeks (320 hours) of
paid parental leave to be used within six (6) months of the birth of an infant or adoptive, foster, or custodial placement of a child under the age of eighteen (18).

**F. GENERAL PROVISIONS & PROCEDURES**

1. An eligible employee who has been employed by the Commonwealth for a minimum of twelve (12) consecutive months is eligible for parental leave.

2. Following the birth, adoption, or foster placement of a child younger than 18 years of age:
   a. An eligible employee will receive eight (8) weeks (320 hours) of parental leave; and
   b. If both parents are eligible employees, each shall receive eight (8) weeks (320 hours) parental leave.

3. Parental leave shall be taken within six (6) months following the birth, adoption, or foster placement of the child.

4. Parental leave shall only be taken once in a 12-month period and only once per child.

5. Parental leave shall be provided at 100% of the eligible employee’s regular salary.

6. Parental leave shall be used in one continuous period of time. This leave may not be used intermittently.

7. Unused parental leave is forfeited six (6) months from the date of the birth/placement.

8. Parental leave shall not be counted against an eligible employee’s annual or sick leave.

9. Legal holidays listed in § 2.2-3300 of the Code of Virginia shall not be counted against parental leave.

10. Parental leave shall run concurrently with leave provided under the FMLA.

11. Parental leave may run concurrently or sequentially with VSDP if the employee is eligible for VSDP.

12. Parental Leave shall run consecutively with applicable University leave policies if the employee is non VSDP.

13. This new leave policy may affect any existing leave, course relief, tenure clock, temporary change in duty policies applicable in the Old Dominion University Teaching and Research Faculty Handbook and/or Administrative and Professional Guidebook. This leave granted in this policy will be in addition to any leave granted within these documents.

14. Unused parental leave is not compensable if an employee separates from Commonwealth employment or moves to a position not applicable to this policy.

15. Parental leave terminates at the conclusion of the foster or custodial care placement or within six (6) months of the placement, whichever comes first.
ELIGIBILITY

All full-time teaching and research faculty, administrative and professional faculty, part-time faculty, wage and classified staff employed at the University or the Commonwealth of Virginia who become parents via birth, adoption, or foster or custodial care must meet the following eligibility requirements to receive paid parental leave:

Employee must be eligible for leave under FMLA:

- Is in a full-time, quasi-full-time, or part-time salaried (and meeting all FMLA regulatory requirements) position upon the birth or placement of the child;
- Must have been employed by the Commonwealth for a minimum of twelve months in the past seven years; AND
- Must have worked for at least 1,250 hours in the previous 12-month period.

Eligibility determinations are made as of the date that the child is born or placed via adoption or foster or custodial care.

An employee who is not eligible for parental leave on the date of birth or placement may become eligible during the following six (6) months and access parental leave once he/she meets the eligibility requirements.

If both parents work for the Commonwealth and meet the eligibility criteria, each is entitled to up to eight weeks (320 hours) of parental leave per 12-month period following a birth, placement for adoption, or foster care.

EMPLOYEE RESPONSIBILITIES

An employee must give 30 days’ advance written notice to the supervisor of the request to take parental leave when it is foreseeable for the birth or placement of a child for adoption or foster care. This written request is made via completion of the ODU Parental Leave Request Form. When it is not possible under the circumstances to provide advance notice, the employee must also notify the supervisor according to the University’s and/or department’s usual and customary leave of absence notification requirements.

Failure to do so may be grounds for delaying or denying an employee’s approval for parental leave.

The employee must notify the supervisor as soon as practicable about any changes to the leave dates.

The employee is also responsible for reporting leave taken in WTE or the appropriate reporting method for his/her leave status as required by the Payroll Office.
SUPERVISOR’S RESPONSIBILITIES

Supervisors and managers are responsible for notifying the Department of Human Resources immediately upon request for or notification of an employee's request for parental leave. The Department of Human Resources will provide formal notification to the employee. The Department of Human Resources must be notified of any change in the employee's status as soon as the supervisor is notified. The supervisor is responsible for timely submission of leave taken via WTE.

DEPARTMENT OF HUMAN RESOURCES RESPONSIBILITIES

The Department of Human Resources is responsible for administering the University’s parental leave policy. Responsibilities include notifying all employees of the Parental Leave policy, designating parental leave coverage, and maintaining all related documents and forms.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Director of Human Resources for Benefits Services

I. RELATED INFORMATION

Department of Human Resource Management Leave Policies
University Policy 6050 – Family and Medical Leave Act
University Policy 6052 – Lactation Support Policy

University Administrative and Professional Faculty Leave Policies and Procedures
- Sick Leave Policy
- Military Leave Policy
- Leave of Absence Without Compensation
- Civil and Administrative Leave Policy
- Bone Marrow and Organ Donor Leave Policy
- Emergency/Disaster Leave Policy
- Recognition Leave Policy
- School Assistance and Volunteer Service Leave Policy

University Teaching and Research Faculty Leave Policies
- Board of Visitors Policy 1411 - Tenure
- Faculty Performance Period
- Leave of Absence Without Compensation
- Temporary Change in Duties for Full-Time Teaching Faculty Who Expect a New Family Member through Birth or Adoption
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Brenda M. Johnson  August 3, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  May 3, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  August 3, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  August 4, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  August 8, 2022
President  Date

Policy Revision Dates:  December 14, 2020; August 8, 2022

Scheduled Review Date:  August 8, 2027
Policy #6060
SEPARATION PROCESS FOR FACULTY AND STAFF

Responsible Oversight Executive: Vice President for Human Resources
Date of Current Revision or Creation: March 30, 2016

A. PURPOSE

The purpose of this policy is to ensure the timely notification and processing of faculty and staff separations from employment.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Virginia Department of Human Resource Management Policy 1.70 - Termination/Separation from State Service

Department of Accounts’ Commonwealth Accounts Policies and Procedures Manual #50320 Terminations

C. DEFINITIONS

Banner Administrative Information System - The term used to reference the information technology system, Banner® Digital Campus. Banner is the administrative software system used to manage student information, financial aid, finance, and human resources at Old Dominion University.

Classified Employee - A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Department Records Coordinators - Individuals who serve as a liaison between the University Records Manager and their respective department.

Hiring Supervisor - The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate employees, and discipline employees.
Separation - Cessation of employment with Old Dominion University. Types of separation include, but are not limited to: voluntary resignation, retirement, discharge, involuntary termination, layoff, transfer to another State agency, or death while in service.

Web Time Entry (WTE) – A web-based system designed to enable employees to submit hours worked and leave information electronically, eliminating the paper submission of time slips, time and attendance forms, leave activity forms, and leave reports.

D. SCOPE

This policy applies to the following types of employees of the University and their supervisors: administrative and professional faculty, teaching and research faculty, and classified or wage staff. This policy does not apply to adjunct faculty or student employees.

E. POLICY STATEMENT

This policy provides specific procedures to be followed in order to ensure the timely processing of separations as follows:

• ensure accurate computation of compensation and disbursement;
• facilitate final pay actions;
• protect and account for University property; and
• provide faculty and staff with an opportunity to exercise appropriate benefit options.

F. PROCEDURES

University hiring supervisors are responsible for immediately notifying the Department of Human Resources concerning the separation of faculty and staff. Notification to the Department of Human Resources must occur no later than one workday upon the hiring supervisor’s receipt of this information.

An employee is responsible for providing advance notice and written notification of his/her intent to resign to his/her hiring supervisor as soon as the decision has been made to separate from University employment. The written notification should provide an explanation for the resignation and must state the effective date of separation, which is the last day the employee will work.

Reasonable advance notice of resignation for classified employees is at least two weeks or longer for professional level positions. As contractual employees, faculty members should make every effort to give the administration adequate time to find a replacement when they desire to leave Old Dominion University.

Upon being notified of an employee’s intention to resign, the hiring supervisor shall request the written resignation. On the bottom of the document, the hiring supervisor should note the date the resignation was received, sign his/her name acknowledging receipt, and submit the document to the Department of Human Resources immediately. Hiring supervisors are also advised to contact the Department of Human Resources, the Payroll Office, and the Department of Information Technology Services immediately once they are aware of an employee’s intention to resign.
Hiring supervisors are also responsible for the following actions:

- certifying that all leave activity has been submitted via WTE to the Payroll Office;
- notifying the Payroll Office if the classified employee is in a time-loss status or has an annual leave balance of less than 40 hours;
- collecting University property;
- directing the return of keys to the Department of Facilities Management;
- referring departing faculty and staff to the Department of Human Resources for benefits information;
- if applicable, ensuring that contractual obligations are fulfilled by the separating faculty member or reassigned as appropriate;
- notifying the Department of Information Technology Services to delete access to departmental and University systems, as appropriate;
- maintaining all departmental personnel and timekeeping records* for five years in a safe and confidential manner.

*Department Records Coordinators are responsible for securing such physical records as are uniquely created, received and maintained for the position concerned, contacting the Office of Information Technology Services regarding the secure storage of such electronic records, including email, as are associated with the position concerned, and advising the University Records Manager about the separation so that inquiries can be made to ascertain if any litigation, investigations, or Freedom of Information Act requests are in effect that would suspend the routine destruction of records associated with the position concerned.

The Department of Human Resources will provide the hiring supervisor with an e-mail message confirming receipt of the separation notice and will provide the hiring supervisor with a checklist to ensure that the hiring supervisor’s responsibilities for the separation process are communicated and completed. The separating employee will be contacted by the Department of Human Resources to schedule an exit interview and to inform the employee about his/her responsibilities in completing the separation process. The Department of Human Resources is responsible for inactivating the employee’s pay status in the Banner Administrative Information System upon notification of an employee’s separation. The Department of Human Resources is also responsible for providing timely notification to the Payroll Office of separating employees.

The Payroll Office is responsible for processing final salary payments, processing final leave pay-outs, terminating direct deposits, and terminating employee records in the Banner Administrative Information System.

Records Retention

Separation decision records are retained for two years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule.

G. RESPONSIBLE OFFICER

Staffing and Operations Manager, Department of Human Resources

H. RELATED INFORMATION

[University Policy 3400 – Fixed Asset Control]
[University Policy 3700 – Records Management Policy]
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris  March 21, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  November 17, 2015
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  March 21, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  March 29, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  March 30, 2016
President  Date

Policy Revision Dates:  July 1, 2001; August 22, 2003; October 2, 2009; March 30, 2016

Scheduled Review Date:  March 30, 2021
A. PURPOSE

The purpose of this policy is to provide a means for departments to employ part-time wage (hourly) staff, without a recruitment, when an employee is needed to meet seasonal or temporary workload needs for short-term projects, as interim replacements or to perform jobs that do not require a classified employee.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Restructured Higher Education Financial and Administrative Operations Act (Chapter 10 of Title 23.1 of the Code of Virginia, as amended)

Virginia Department of Human Resource Management Policy 2.20 - Types of Employment

C. DEFINITIONS

Budget Unit Director - The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

Direct Hire - The employment of an individual in a wage position without conducting a recruitment to fill the position.

Wage Employee - A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. (Wage employees are sometimes referred to as hourly employees.) Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time. Wage employees are limited to working 29 hours per week on average and only 1500 hours between May 1 and April 30. When an employee has reached the maximum of 1500 hours before April 30, he or she may not continue working until May 1.
D. SCOPE

This policy applies to all employees and employees of affiliated organizations who are paid through the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association.

This policy does not apply to adjunct faculty or students.

E. POLICY STATEMENT

Occasionally a situation occurs when a wage employee is needed to carry out specific duties for a short period of time or a department has a need for part-time work or contingent employment. In these cases, an individual may be employed as a direct hire. A direct hire will not require listing on the vacancy list and advertising or recruiting in the usual manner, but must be processed by the Department of Human Resources.

F. PROCEDURES

1. The department or academic unit must have an established wage position or must request establishment of a wage position by completing an HR-3 Form (Request to Establish/Change an Hourly Position), the position description, and submitting them to the Compensation unit in the Department of Human Resources.

2. The department or academic unit must identify someone who meets the minimum requirements listed in the position description.

3. The department or academic unit must submit a direct hire packet requesting approval from the Staffing & Operations Manager in the Department of Human Resources to employ someone as a Direct Hire.

4. The person cannot begin work until the Department of Human Resources completes the approval process.

5. The department is responsible for tracking hours worked and ensuring compliance with the 1500 hour limit.

If a department or academic unit does not have a wage position to which they can assign an employee or has not identified someone who meets the minimum requirements of their wage position, they will be unable to employ someone as a direct hire. The alternative is to initiate a recruitment through the Department of Human Resources for the position or contract services with a temporary employment agency. Temporary employment agency personnel are not assigned to University wage positions and are not placed on the University payroll. The Budget Unit Director should contact the Department of Procurement Services for assistance with contract services through temporary employment agencies.

G. RECORDS RETENTION

Applicable records must be retained for five years after expiration of contract and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General 102, Series 200110).
H. RESPONSIBLE OFFICER

Human Resources Staffing & Operations Manager

I. RELATED INFORMATION

- University Policy 6020 – Recruitment/Selection Process for Classified and Wage Employees
- Old Dominion University Department of Human Resources Direct Hire Process
- Request to Establish/Change an Hourly Position
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:
/s/ Pamela Harris ___________________________ February 12, 2019
Responsible Officer ___________________________ Date

Policy Review Committee (PRC) Approval to Proceed:
/s/ Donna W. Meeks ___________________________ October 23, 2018
Chair, Policy Review Committee (PRC) ___________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:
/s/ September Sanderlin ___________________________ February 13, 2019
Responsible Oversight Executive ___________________________ Date

University Counsel Approval to Proceed:
/s/ R. Earl Nance ___________________________ February 21, 2019
University Counsel ___________________________ Date

Presidential Approval:
/s/ John R. Broderick ___________________________ February 22, 2019
President ___________________________ Date

Policy Revision Dates: December 1, 1988; October 2, 2009; September 28, 2011 (Interim Policy); June 13, 2012; February 22, 2019

Scheduled Review Date: February 22, 2024

Policy #6130 – Policy for Direct Employment of Wage Employees
A. PURPOSE

The purpose of this policy is to establish the University’s guidelines for hours of work in order to ensure compliance with and consistent application of the Federal Fair Labor Standards Act (FLSA), the Commonwealth’s Department of Human Resources Management policies and the Code of Virginia.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The University has authority to create policies and procedures to supplement the Department of Human Resource Management’s (DHRM) policies. This policy provides the procedures to be followed in order to comply with the Virginia Department of Human Resource Management Policy 1.25 – Hours of Work and the Federal Fair Labor Standards Act (FLSA).

C. DEFINITIONS

Additional Straight Time Pay - Monetary compensation at the employee’s normal rate used primarily to compensate non-exempt employees for extra hours worked in a work week in which the employee’s total hours worked is less than 40.

Alternative Work Schedule – A schedule that differs from the standard 40-hour work week schedule of 8:00 a.m. to 5:00 p.m., Monday through Friday.

Call Back Pay – Compensation that non-exempt employees are eligible to receive when contacted to return to work outside of their regularly scheduled work hours at the direction of management. The minimum payment is two hours pay at the straight time rate for reporting to work under such conditions.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.
Compensatory Leave – Leave typically awarded to non-exempt employees who perform work on holidays, weekends, or other times outside of the normal work schedule and when total hours worked is 40 or less the same week. Such leave is awarded at a rate of one hour of leave earned for each hour worked. Under special and limited conditions, compensatory leave may be awarded to certain exempt employees at the discretion of the supervisor.

Department of Human Resource Management (DHRM) – State agency tasked with providing policies that govern the management of the State’s workforce.

Designated Personnel – Exempt and non-exempt employees who are required to work during an authorized closing because their positions have been designated as essential to agency operations during emergencies. Designated employees may be required to work during times they are not regularly scheduled to work.

Exempt Employee/Position - An employee who is not subject to the provisions of the Federal Fair Labor Standards Act (FLSA). The position meets the FLSA job duties exemption test and the employee’s salary meets the FLSA salary basis exemption test. Such employees are normally in management or professional positions.

Federal Fair Labor Standards Act (FLSA) - The Federal Act that establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local government.

Non-Exempt Employees - Employees whose work hours and wages are governed by the Federal Fair Labor Standards Act (FLSA).

On-Call Pay – On-call pay is a supplement provided to employees who are required to be available to return to work. For non-exempt employees, if the on-call assignment is so restrictive that it prevents the employee from effectively using the time for personal benefit, the time may be considered work time and on-call payments do not apply. Otherwise, on-call duty is not considered work time. On-call pay must be included in the non-exempt employee’s regular rate of pay when computing overtime liability.

Overtime - Any hours worked by a non-exempt employee in excess of 40 during a given work week. Overtime must be compensated through the payment of overtime pay (one-and-one-half-hour overtime rate) or overtime leave (one-and-one-half-hour overtime rate) and is applicable only to non-exempt employees.

Overtime Leave - Compensation in the form of leave, awarded at a rate of one and one-half hours leave earned for hours worked in excess of 40 during any given work week. Overtime leave is applicable to non-exempt employees only.

Overtime Pay - Monetary compensation at one and one-half times the employee's normal rate for hours worked in excess of 40 during any given work week. Overtime pay is applicable to non-exempt employees only.

Supervisor – The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate employees, and discipline employees.

Web Time Entry (WTE) – A web-based system designed to enable employees to submit hours worked and leave information electronically, eliminating the paper submission of time slips, time and attendance forms, leave activity forms, and leave reports.
Work Week – The established five-day, 40-hour per week schedule for every seven calendar-day period. The standard University work week begins at 12:01 a.m. on Sunday and ends the following Saturday at midnight. Requests for exceptions to the standard workweek must be submitted to the Department of Human Resources for approval.

D. SCOPE

This policy applies to all classified employees as defined above.

E. POLICY STATEMENT

Old Dominion University employees and supervisors are responsible and accountable for accurately reporting hours worked so that compensation policies are consistently applied and the University is compliant with all applicable Federal and State policies and guidelines.

F. PROCEDURES

Supervisor Responsibilities

Supervisors are responsible for setting a work schedule of 40 hours per week for full time classified employees, monitoring attendance, and verifying and approving work hours in WTE.

Alternative Work Schedules

Alternative work schedules may be necessary in some instances to provide effective services to the University community. As far as practicable, the University also tries to provide employees with a work schedule that is flexible enough to allow an opportunity for some personal work hour preference. Once the work schedule has been approved by the supervisor, the employee must follow that schedule unless the supervisor has approved a change.

Holidays

The University observes 12 state-approved holidays each year. A list of the exact calendar days of the holidays is distributed each year, usually in December. University holidays do not always coincide with State holidays because employees are needed to keep the University operating when students are present. The Governor may grant additional time off to coincide with one or more of the State holidays. When this occurs, compensatory leave credit may be given when these closings coincide with University holidays or an additional holiday may be granted, when possible. In order to receive pay for a holiday, employees must either work or be on paid leave the work day before and the work day after the holiday.

Employee Responsibilities

Employees are expected to:

- Adhere to their assigned work schedules,
- Take rest and lunch breaks as authorized
- Notify management as soon as possible if they are unable to adhere to their schedule, such as late arrivals or early departures, and
- Work additional hours when required by management.
1. **Exempt Employees** – The following wage and hour rules apply to exempt employees only:

   a. **Compensatory Leave**

      i. Compensatory leave is authorized for exempt classified employees only when it is essential for the effective management of the University. It will not be used to accomplish normal operating duties. Under no conditions will exempt employees receive one-and-one-half-hour overtime pay or overtime leave.

      ii. Exempt classified employees are prohibited from earning compensatory leave except in accordance with the following exceptions:

         a. Regardless of the position held, compensatory leave may be credited when a holiday falls on a scheduled rest day or when an employee is required to work on a holiday.

         b. In unusual situations when, at the specific direction of the supervisor, an exempt employee works exceptionally long hours to meet the requirements of a critical or emergency situation, the supervisor may grant compensatory leave.

      iii. Compensatory leave expires if not taken within 12 months of the date it is earned. There is no maximum accumulation of compensatory leave hours.

      iv. In unusual situations, supervisors may not be able to allow exempt employees the opportunity to take the earned compensatory leave prior to its expiration. In these cases, the supervisor may pay the exempt employee for all or a portion of the compensatory leave. Requests to effect such payments must be made through the Budget Unit Director to Department of Human Resources. Such requests must include the following:

         a. The number of leave hours to be paid.

         b. The source of funds for supporting the payment.

         The Department of Human Resources will process the payment request to the Payroll Office.

   b. **Call-Back Pay** - Exempt employees are not normally authorized call-back pay. However, under unusual conditions, compensatory leave may be granted following the guidelines and procedures established for exempt employee compensatory leave.

   c. **Inclement Weather or Emergency Closing Compensation** - Exempt employees who are identified as designated personnel will receive compensatory leave for the periods worked during authorized inclement weather closings up to the normal hours worked per shift.

      i. When emergency conditions require that designated personnel work beyond their normal shift, they may be eligible to earn compensatory leave.

      ii. Non-designated personnel who report to work during authorized closings will not normally receive compensatory leave except in extenuating circumstances approved by the President.
iii. Employees who are on approved paid leave on the day of authorized closing will not be charged leave.

iv. During partial shift closings, non-designated employees who call in the day of a partial closing are only required to submit leave for the work hours not covered by the partial closing period. Employees on approved paid leave for the entire day of the partial closing will not have their leave balances charged for the partial shift closing period.

2. **Non-exempt Employees** – The following wage and hour rules apply to non-exempt employees:

Non-exempt employees must be advised in advance about the form of overtime compensation that they will receive. The default in WTE is pay rather than leave. Budget Unit Directors may request approval from the Associate Vice President for Financial Services to change the form of overtime compensation to leave for their departments. Overtime compensation must be consistent for similarly situated employees.

Non-exempt employees will only be scheduled to work overtime when it is essential for the effective management of the University. When possible, supervisors should provide advance notification of overtime work hours needed.

Supervisors are responsible for controlling the work hours of non-exempt employees. Non-exempt employees are not allowed to work overtime without authorization of the supervisor.

Supervisors may adjust an employee’s work hours temporarily within a workweek to avoid overtime liability or to meet operational needs. At the supervisor’s discretion, employees’ hours may be adjusted to meet the employee’s personal needs.

a. **Overtime Pay**

i. All non-exempt employees must be compensated at the one-and-one-half-hour overtime rate for any hours worked in excess of 40 during a given work week. Overtime pay is processed via WTE. Overtime hours must be submitted via WTE during the pay period in which the overtime was performed.

ii. Non-exempt employees may work overtime hours only as authorized in advance by the supervisor.

iii. Budget Unit Directors are responsible for ensuring that adequate funding exists before authorizing overtime pay.

b. **Overtime Leave**

i. Overtime leave may be selected by supervisors as a means for compensating non-exempt employees for overtime work. Non-exempt employees will be compensated at the rate of one and one-half hours of leave awarded for each hour worked in excess of 40 during a given work week.

ii. Overtime leave must be documented via WTE.

iii. Supervisors are responsible for ensuring that an employee’s overtime leave balance does not exceed 240 hours. Overtime leave has no expiration date.
iv. When an employee's overtime leave balance reaches 240 hours, all further overtime must be compensated through overtime pay. Once an employee's overtime leave balance falls below 240 hours, overtime leave may again be awarded.

c. Working on Holidays

i. Non-exempt employees who work on a University holiday record worked time in WTE as additional hours worked.

a. For those hours worked on a holiday that would cause the total hours worked during that workweek to exceed 40 hours, the non-exempt employee will receive overtime pay or overtime leave. Overtime compensation is awarded at the rate of time and one-half.

b. For those hours worked on a holiday that do not cause total hours worked during that workweek to exceed 40 hours, the non-exempt employee will receive additional straight time pay or compensatory leave. Compensatory leave is awarded at a rate of one hour of leave for each hour worked.

c. Supervisors will advise employees in advance of the type of overtime compensation provided in the department (pay or leave).

ii. In addition, when non-exempt employees work on a holiday, they will earn compensatory leave in an amount equal to the hours worked.

iii. If a University holiday falls on an employee's scheduled rest day, the employee will receive holiday leave.

iv. Compensatory leave expires one year from the date on which it was earned.

v. When it is impossible to schedule the use of compensatory leave before it expires, supervisors may pay non-exempt employees for all or a portion of the compensatory leave balance following the procedure specified for Exempt Employees in Section 1.a.iv.

d. Call Back Pay

i. Non-exempt employees returning to work at the direction of the supervisor during non-scheduled work hours for emergency purposes will be compensated for a two-hour call-back minimum. This provision does not apply to designated personnel reporting to work during inclement weather closings.

ii. The two-hour call-back pay minimum is based on the employee's straight time rate. Rules governing non-exempt employee overtime and additional straight time compensation apply.

iii. The two-hour call-back minimum will not be recorded via WTE as the time worked; rather, the actual number of hours worked will be entered with a notation that minimum call-back pay applies.

iv. The two-hour minimum call-back includes transit time to and from the University.
v. The two-hour call-back minimum may be applied more than one time on a given day if an employee is called in more than one time.

e. Daylight Saving Time - Non-exempt classified employees working a shift that spans the designated hour of transition from/to Daylight Saving Time will:

i. Receive eight hours pay for the actual seven hours worked during the spring transition from Eastern Standard Time to Daylight Saving Time and must account for the lost hour either by using accumulated leave or working the hour at another time during the same work week.

ii. Receive one-and-one-half-hours of overtime pay or be awarded one and one-half hours of overtime leave for the extra hour worked during the fall transition from Daylight Saving Time to Eastern Standard Time.

In order to preclude paying overtime during the fall transition to Eastern Standard Time, Budget Unit Directors may elect to adjust evening shifts to eight actual work hours. Wage employees working shifts that span these transition periods are only authorized to be paid for the actual hours worked.

f. Inclement Weather or Emergency Closing Compensation – Non-exempt employees who are identified as designated personnel will receive compensatory leave for the periods worked during authorized inclement weather closings, up to a maximum of 8 hours of leave.

i. When emergency conditions require that non-exempt, designated personnel work beyond their normal shift, they will receive overtime leave or overtime pay, as appropriate, provided more than 40 hours are actually worked during the work week.

ii. Non-designated personnel who report to work during authorized closings will not normally receive any extra compensation except in extenuating circumstances approved by the President.

iii. Employees who are on approved paid leave on the day of an authorized closing will not be charged leave.

iv. During partial shift closings, non-designated employees who call in the day of a partial closing are only required to submit leave for the work hours not covered by the partial closing period. Employees on approved paid leave for the entire day of the partial closing will not have their leave balances charged for the partial shift closing period.

g. Meal and Rest Breaks – Supervisors are responsible for scheduling breaks for non-exempt employees as described below:

i. Full-time classified employees who work at least six consecutive hours shall be afforded a meal break of at least 30 minutes. The meal break is not included in the count of hours worked per day. When employees are required to work during their meal break, that time shall be counted as time worked.

ii. Supervisors may grant employees who work an eight-hour day or longer a maximum of one 15-minute rest break before and one 15-minute rest break after the required
meal break. Rest breaks are included in the required hours of work per day and are at the discretion of the supervisor.

iii. The meal and rest break(s) must be taken separately and rest breaks may not be used to extend the meal break. Except with prior approval, meal breaks should not be adjusted to compensate for employee late arrival, early departure or to cover time off for other purposes. Supervisors reserve the right to determine when or if meal breaks may be used to make up for an employee’s late arrival or early departure.

3. Recordkeeping for Hours Worked and Leave Taken

a. Non-exempt employees must enter all hours worked and leave taken via WTE each pay period.

b. Exempt employees are responsible for entering all leave taken via WTE each pay period (or a comment that no leave was taken).

4. Joint Employment

Joint employment occurs when a University employee occupies two or more positions within the University. Joint employment frequently results in complications under the Federal Fair Labor Standards Act (FLSA). The Department of Human Resources is responsible for reviewing and approving requests for joint employment to ensure compliance with the FLSA. The University may have an overtime obligation depending upon the status of the employee’s primary job.

a. Non-exempt primary position (non-exempt classified or hourly): the employee must be paid one and one-half hours of overtime for all hours worked over 40 hours in the second non-exempt position. The only exception to this requirement is if the extra work outside the primary position is done on an “occasional or sporadic basis” in a “substantially different capacity” from the employee’s primary position and at the employee’s own volition. (Example, a fiscal assistant in the Office of Finance proctors a test on Saturday twice a semester.)

b. It is the University’s practice not to allow non-exempt employees to work in a secondary exempt position due to possible issues with the Fair Labor Standards Act (FLSA) and to ensure compliance.

c. Exempt primary position (exempt classified, adjunct, teaching or administrative and professional faculty): if the duties of the primary and second position are both exempt, there are no overtime issues.

d. It is the University’s practice not to allow exempt employees to work in a secondary non-exempt position due to possible issues with the Fair Labor Standards Act (FLSA) and to ensure compliance.

The supervisor of the employee’s primary position must concur with the appointment to the secondary position to ensure there is no conflict between the two positions and that the employee’s effectiveness in the primary position will not be jeopardized.
5. Wage Employees

All University wage employees are non-exempt. All provisions of the Federal Fair Labor Standards Act apply to wage employees.

a. Wage employees must be paid for all hours worked. Work hours are recorded in WTE each pay period.

b. Wage employees are limited to working 29 hours per week on average during the period of May 1 to April 30 the following year not to exceed 1,500 hours.

c. Wage employees may not be awarded compensatory leave or overtime leave.

d. The provisions of the call-back pay policy apply to wage employees.

e. The provisions of the holiday pay policy are not applicable to any wage employee.

Records Retention

Time and attendance records are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule.

G. RESPONSIBLE OFFICER

Director of Human Resources for Total Compensation and Staffing

H. RELATED INFORMATION

Virginia Department of Human Resource Management Policy 1.35 - Emergency Closings
Virginia Department of Human Resource Management Policy 3.10 - Compensatory Leave
Virginia Department of Human Resource Management Policy 3.15 - Overtime Leave
University Policy 1020 – Closure of the University Due to Inclement Weather and Emergencies
University Policy 6201 – Alternative Work Schedules
Old Dominion University’s Office of Finance Web Time Entry Procedures
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Nadine Faulcon-Johnson     March 21, 2016
Responsible Officer             Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks             December 15, 2015
Chair, Policy Review Committee (PRC)    Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin          March 21, 2016
Responsible Oversight Executive     Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance            March 29, 2016
University Counsel             Date

Presidential Approval:

/s/ John R. Broderick         March 30, 2016
President                      Date

Policy Revision Dates:         December 1, 1988; February 1, 1993; July 1, 2000; October 1, 2002; September 21, 2004; October 2, 2009; March 30, 2016

Scheduled Review Date:    March 30, 2021
A. PURPOSE

The purpose of this policy is to establish the University's guidelines for alternative work schedules in order to comply with the Commonwealth’s Department of Human Resource Management policy and Code of Virginia requirements.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Federal Fair Labor Standards Act
Code of Virginia, Section 2.2-203.1, as amended
Code of Virginia, Section 2.2-2817.1, as amended
Virginia Department of Human Resource Management Policy 1.25 - Hours of Work
Virginia Department of Human Resource Management Policy 1.30 - Layoff
Virginia Department of Human Resource Management Policy 2.20 - Types of Employment

C. DEFINITIONS

Administrative and Professional (AP) Faculty – Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions served the educational, research, athletic, medical, student affairs and development functions or activities of the institution.

Alternative Work Schedule – Any work schedule that differs from the standard 40-hour workweek at the University which is Monday – Friday, 8:00 a.m. – 5:00 p.m. with a one-hour meal break.

Budget Unit Director – The University employee on record with the Office of Finance Data Control as having signature authority and financial management responsibility for a specific budget code.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.
Compressed Work Week - Any work schedule permitting a full-time employee to work the equivalent of a full week in fewer than five days.

Department of Human Resource Management (DHRM) – State agency tasked with providing policies that govern the management of the State’s workforce.

Flextime - A range of flexible work schedules that permit employees, with advance approval from the hiring supervisor, to choose the time they will start and end work.

Hiring Supervisor – The management level with the authority to hire, assign work, manage work schedules, approve leave, evaluate, and discipline employees.

Job Sharing - Two employees voluntarily sharing the work responsibilities of one full-time position.

Nine-, Ten- or Eleven-Month Work Schedule - A work schedule of 40 hours per week for nine, ten, or eleven months per academic year, as approved by the hiring supervisor.

Standard Work Week – The regular workweek for full-time positions, which consists of a five-day, 40-hour per week schedule for every seven calendar-day period.

Public Service Hours - The normal operating hours for the university which are from 8:00 a.m. to 5:00 p.m. on Monday through Friday.

D. SCOPE

This policy applies to classified employees and administrative and professional faculty.

E. POLICY STATEMENT

The University supports alternative work schedules that allow for the effective delivery of academic, student, and administrative services. Alternative work schedule options may help to facilitate employees’ commuting time and balance work and personal responsibilities.

Management reserves the right to establish and adjust the work schedules of employees being mindful of the business needs of the department or unit and the constituents they serve. Supervisors may terminate alternative work schedule agreements at any time. The supervisor should give the employee advance notice of the date the alternative work schedule will end; however, advance notice is not required.

Alternative work schedules are intended to benefit both the employee and the operation of the University. However, it may be necessary to require employees to work alternative work schedules as a condition of employment. In such cases, this requirement should be included when the position is advertised for recruitment and should be stated in correspondence offering employment.

F. PROCEDURES

Alternative work schedules include flextime, compressed work weeks, job sharing and nine-, ten- or eleven- month appointments. While the intent of this policy is to provide work scheduling flexibility when possible to employees, it must be clearly understood that the accomplishment of the work of the University must be considered first in determining when and if various alternative schedules may be used. It is possible that, in some units, workload may not permit scheduling
flexibility, or that it may be available only on a limited basis. Decisions as to the applicability of an alternative schedule shall be made by the hiring supervisor. Departments/units may require additional approvals above the hiring supervisor.

The Department of Human Resources is required to document and track all alternative work schedules in order to comply with State policy and to report employees’ alternative work schedules in the Commonwealth’s Personnel Management Information System. Therefore, all alternative work schedules must be reported to the Department of Human Resources on the Alternative Work Schedule Form.

Alternative work schedules must meet the following requirements:

- Forty hours of work time must be scheduled each work week.
- Current hours of service for the department’s clients/customers must not be restricted.
- Non-exempt employees who work at least six consecutive hours must be provided with a meal break of at least 30 minutes. The meal break is not included in hours worked and is unpaid.

1. Flextime

Any work schedule acceptable to the hiring supervisor and meeting the standards listed above is appropriate. Examples of flextime schedules are:

   a. Starting work at 9 a.m., one-hour lunch, and ending at 6 p.m.
   b. Starting work at 7:30 a.m., 30-minute lunch, and ending at 4:00 p.m.
   c. Split shifts, such as 7:30-11:30 a.m. and 2:30-6:30 p.m.

2. Compressed Work Weeks

Any work schedule acceptable to the hiring supervisor and meeting the standards listed above is appropriate. Examples of compressed work week schedules are:

   a. Four, 10-hour work days per week; for example, 7 a.m. to 6 p.m. (with a one-hour lunch) or 7:30 a.m. to 6 p.m. (with a one-half hour lunch).
   b. Four and one-half day work week, with four nine-hour days and one four-hour day (lunch excluded). This example can be used two ways: first, have a half-day off every standard work week; second, have every other Friday off with the approved work week beginning on Friday at noon in order to ensure 40 hours are included in each work week. (The second option is available only to exempt employees.)

Requests for compressed work week schedules should be addressed to the hiring supervisor in writing and include the benefits of such a schedule.

3. Job Sharing

   a. An employee wishing to work in a job-sharing position should make a request in writing to the hiring supervisor. If the hiring supervisor is supportive of the request, the request should be submitted to the Budget Unit Director.
b. The Budget Unit Director may approve or reject a job-sharing request following a thorough review. The Job-Sharing Guidelines available from the Department of Human Resources will be helpful in evaluating potential job shares.

c. Should the Budget Unit Director support the job-sharing request, a recommendation should be sent to the appropriate Vice President for approval. The decision of the Vice President is final.

d. Employees should be advised of the reasons why job-sharing requests are denied.

e. Once approved, a formal recruitment for the job-sharing partner must be conducted in accordance with University policy.

f. Both job-sharing participants should sign the Job-Sharing Agreement Memorandum, available from the Department of Human Resources, which outlines the nature of the employment relationship.

g. The Budget Unit Director must send a copy of the approved job-sharing recommendation and the agreement to the Department of Human Resources to implement the change.

i. Compensation: The employee who is changing from full time to part time will be paid 50 percent of his/her current full-time salary. Newly recruited job-sharing participants will have the annualized salary determined through the standard pay practices, and then it will be reduced to 50 percent.

ii. Benefits:
   a. Prorated holiday pay is provided.
   b. Prorated annual and sick leave is provided. Other types of employee leave are provided on a proportional basis.
   c. Employee paid health care insurance is available – no employer contribution.
   d. Employees are eligible to enroll in employer paid retirement benefits and life insurance.
   e. Employees are eligible to enroll in tax shelter annuity programs and qualify for the employer paid cash match program.
   f. Prorated tuition assistance is available.

4. Nine-, Ten- or Eleven-month Work Schedule

a. A nine-, ten- or eleven-month work schedule must be approved by the hiring supervisor and the Budget Unit Director. If a classified employee does not voluntarily agree to the adjusted work schedule, the employee is covered by the provisions of DHRM’s Layoff Policy.

b. A copy of the approved nine-, ten- or eleven-month work schedule should be sent to the Department of Human Resources to implement the change.

c. Employee benefits will be affected as follows:

   i. Employee is eligible for health care insurance; the employer portion of the health care premium will continue to be paid and the employee contribution will be deducted over 24 pay periods.
   ii. Leave balances do not accrue for nine-, ten- or eleven-month employees during their non-working times.
iii. Retirement contributions will continue to be paid over the 24 pay periods.
iv. Life insurance will continue to be in effect.
v. Optional insurance premiums will continue to be deducted the same as all other optional benefits.

G. RETENTION

Time and attendance, retirement and leave records are retained for five years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 102, Series 200113).

H. RESPONSIBLE OFFICER

Staffing and Operations Manager, Department of Human Resources

I. RELATED INFORMATION

Job-Sharing Guidelines
Alternative Work Schedule Form
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris _________________________  July 7, 2016 _________________________
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ________________________  January 19, 2016 ______________________
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin ____________________  July 6, 2016 _________________________
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance __________________________  July 18, 2016 _________________________
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick ________________________  July 18, 2016 _________________________
President  Date

Policy Revision Dates:  February 1, 1993; March 13, 2000; July 25, 2008; October 2, 2009; July 18, 2016

Scheduled Review Date:  July 18, 2021
Policy #6202
TELEWORK POLICY

Responsible Oversight Executive: Vice President for Human Resources, Diversity, Equity, and Inclusion
Date of Current Revision or Creation: March 3, 2022

A. PURPOSE

The purpose of this policy is to establish the University’s guidelines for telework as required by the Commonwealth of Virginia Department of Human Resource Management Policy 1.61, Teleworking. The policy permits management to designate employees to work at alternate work locations for all or part of their workweek as a means of achieving administrative efficiencies, reducing traffic congestion and transportation costs, supporting continuity of operations plans, meeting critical skill-based talent needs, and sustaining the hiring and retention of a highly qualified workforce by enhancing work/life balance.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Code of Virginia, Section 2.2-2817.1, as amended, State agencies to establish alternative work schedules; reporting requirement.

Virginia Department of Human Resource Management Policy 1.61 – Teleworking

C. DEFINITIONS

Alternate Work Location – Approved work sites other than the employee’s central workplace where official State business is performed. Such locations may include, but not necessarily limited, to the employee’s home and satellite offices.

Central Workplace – An employer’s place of work where employees normally are located.

Continuity of Operations (COOP) Plan – A set of documented procedures developed to provide for the continuance of essential business functions during an emergency.

Full-Time Teleworker – An employee who, under formal pre-approved agreement with the University, teleworks their entire work schedule from the alternate work location(s) documented in the agreement.
Hybrid Teleworker – An employee who, under formal pre-approved agreement with the University, teleworks 32 hours or more per month, typically one or two days a week, from the alternate work location(s) documented in the agreement on a consistent and regular basis.

Manager – Employees with responsibility to oversee and direct the operation of a work unit including supervision of employee work and approving work schedules and leave.

Limited Teleworker – An employee who, under formal pre-approved agreement with the University, consistently teleworks less than 32 hours per month on a limited, sporadic, or task-driven basis in response to a specific agency need(s). Needs could include, but are not limited to, special projects, continuity of operations, emergency closings, and crisis management situations.

Telework – A work arrangement in which management directs or permits employees to perform their usual job duties away intermittently or consistently from their central workplace, in accordance with a pre-approved written agreement.

Telework Agreement – The written agreement between the employer and employee that details the terms and conditions of an employee's work away from their central workplace.

D. SCOPE

This policy applies to wage and classified employees and administrative and professional faculty. The scope of this policy may be expanded in support of continuity of operations plans.

E. POLICY STATEMENT

The University promotes telework as a means of achieving administrative efficiencies (e.g., reducing office and parking space), reducing traffic congestion and transportation costs, supporting continuity of operations plans, and sustaining the recruitment and retention of a highly qualified workforce by enhancing work/life balance.

Management is responsible for managing the University’s affairs and operations. Therefore, management, in consultation with the Department of Human Resources, has the discretion to:

- designate positions for full-time, hybrid or limited telework;
- designate and approve employees for telework; and
- deny approval for telework.

F. PROCEDURES

Position Eligibility

In making decisions about which positions are appropriate to designate or approve for telework, management, in consultation with the Department of Human Resources, will analyze the duties of positions and how the work is performed. Generally, the following types of positions that may be appropriate for telework are those that:

- require independent work;
- require little in-person interaction;
- require concentration;
• result in specific, measurable work products; and
• can be monitored by output.

The Department of Human Resources advises, in consultation with supervisors, determine whether their positions are eligible or ineligible for telework. In doing so, positions ineligible for telework are identified on the position description. For example, direct service and place-specific positions are typically ineligible.

**Employee Eligibility**

In making decisions about which employees are designated or approved for telework, managers, in consultation with the Department of Human Resources, will review the work qualities of employees in addition to ensuring that their positions are appropriate for telework. The manager has the discretion to approve, disapprove or rescind telework. Generally, employees who are successful in telework:

• are able to work productively on their own;
• are self-motivated and flexible;
• are knowledgeable about the job;
• are dependable and trustworthy;
• have above average performance records;
• are organized; and
• have good communication skills.

**Telework Agreements**

The Telework Agreement must be completed before the employee may work from an alternate work site. The agreement must also be approved by the unit’s budget unit director and the appropriate vice president and submitted to the Department of Human Resources for approval, recordkeeping and reporting to the Commonwealth’s Department of Human Resource Management. Changes to the agreement must be reported to the Department of Human Resources.

Managers, in consultation with the Department of Human Resources, may terminate the telework agreement at their discretion and should give employees advance notice, when possible. Failure to follow policies, rules and procedures may result in the termination of the telework assignment and/or disciplinary action.

**Continuity of Operations Plan (COOP)**

In situations that require the activation of the University's COOP Plan, the supervisor should complete the telework memorandum for employees who are expected to telework for the duration of the emergency (e.g., extreme weather event, pandemic, act of terrorism, etc.) that do not already have an agreement on file.

**General Provisions**

1. Telework is initiated by the completion of the telework agreement. Telework agreements are executed with signatures by the employee, supervisor, budget unit director, vice president, and the Department of Human Resources.

2. An employee’s compensation and benefits do not change as a result of telework.
3. Telework assignments do not change the conditions of employment or required compliance with State and University policies, including the total number of hours that employees are expected to work. The employee must devote full effort to job responsibilities during scheduled work hours. Managers are responsible for monitoring and evaluating the work produced by the teleworking employee.

4. Non-exempt employees should be given specific work products to complete and guidelines on how to verify time worked (e.g., an email to the supervisor when they begin work and when they complete the work, thereby setting "time stamps" on the beginning and end time of that work period).

5. Telework for unplanned or temporary circumstances, such as school closings, family illness, etc., may be approved. The supervisor may exercise discretion in determining whether an employee can accomplish at least some part of his/her duties from the telework site in such a situation and when leave should be used. Unless a telework agreement is already on file, one must be initiated within one business day of the unplanned telework event. Telework is not intended to serve as a permanent substitute for child or adult care.

6. Employees must receive approval from their supervisor to temporarily and/or permanently shift their telework site to a different location from the one approved in the telework agreement. Failure to comply with this provision may result in termination of the telework agreement and/or appropriate disciplinary action. The temporary change should be in writing and handled as an addendum to the telework agreement.

7. In the event of an outage (e.g., cable, power, etc.), employees should report to their central work location (e.g., main campus, Tri-Cities, etc.) or use their leave.

8. Employees are required, as requested by the manager, to report to the central work location as needed for work-related meetings or other events.

9. Employees must forward their University phone to a reliable working contact number (e.g., Teams Calling, etc.), which will permit other University employees, customers, etc., to readily access them during scheduled work hours and be responsive to the internal and external customers.

10. In rare instances where it is deemed appropriate for employees who supervise on-campus employees to telework full time, the supervisor approving the telework agreement should submit an addendum providing a justification for this arrangement. The justification should include a description of how supervisory responsibilities will be accomplished remotely.

11. The University may be liable for job-related injuries or illnesses that occur during an employee’s established work hours in their alternate work locations.

12. Departments may provide University-owned equipment and materials needed by employees to effectively perform their duties off-site. When the department is unable to provide these resources, the employee should supply his/her own equipment to perform work duties off-site. The University is not responsible for the cost, repair, or service of the employee’s personal equipment, unless otherwise specified herein. Teleworkers using their personal equipment must comply with Information Technology Standard 02.6.0, Remote Access and Virtual Private Network Standard, and the security terms as stated in the Telework Agreement Form.
Any employee who borrows University equipment agrees to protect such equipment in accordance with University guidelines. University-owned equipment cannot be used for any personal activities.

13. The University is not responsible for operating costs, home maintenance, or other costs incurred by employees in the use of their homes as telework alternate work locations. Where appropriate and reasonable, the employee may be reimbursed for business-related costs associated with telework according to the policies and procedures for telework expenditures in the Department of Accounts (DOA) CAPP Manual (see page 17).

14. Employees must safeguard State and University information used or accessed while teleworking and comply with all related information technology policies and standards, including required training and records management policies and standards.

15. Employees who use their homes as telework alternate work locations must ensure compliance with local zoning regulations.

16. Teleworkers and supervisors of teleworkers should review the resources and training from the Commonwealth of Virginia Department of Human Resources (DHRM) Telework – Agency Resources.

G. RECORDS RETENTION

Telework agreements must be filed in the employee’s personnel file, which is retained for five years following separation, then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 103, Series 012172).

H. RESPONSIBLE OFFICER

Human Resources Staffing and Operations Manager

I. RELATED INFORMATION

University Policy 1020 – Closure of the University Due to Inclement Weather and Emergencies
University Policy 6200 – Hours of Work Policy
Telework Agreement
Telework Memorandum
Telework Eligible Guidelines
Quick Guide: Managing Teleworkers
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Pamela Harris ___________________________ February 28, 2022
Responsible Officer ___________________________ Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ February 8, 2022
Chair, Policy Review Committee (PRC) ___________________________ Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin ___________________________ March 1, 2022
Responsible Oversight Executive ___________________________ Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson ___________________________ March 2, 2022
University Counsel ___________________________ Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D. ___________________________ March 3, 2022
President ___________________________ Date

Policy Revision Dates: March 15, 2007; March 25, 2008; July 25, 2008; December 8, 2009; October 4, 2016; March 3, 2022

Scheduled Review Date: March 3, 2027
A. PURPOSE

The purpose of this policy is to ensure all employees of Old Dominion University address conflicts of interests that may result in their personal and private interests being in opposition to their official responsibilities.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

State and Local Government Conflict of Interests Act, Code of Virginia Section 2.2-3100 et seq, as amended

Code of Virginia Section 2.2-115, et seq., as amended


Governor's Executive Order 8 – Designation of Executive Branch Officers and Employees Required to File Financial Disclosure Statements (2018)

C. DEFINITIONS

Conflict of Interests – A personal interest by a University employee or the employee’s immediate family member in a contract or transaction to which Old Dominion University is a party.

Contract – An agreement to which Old Dominion University is a party or an agreement that benefits Old Dominion University and involves use of funds appropriated by the General Assembly.

Employee – Any staff, administrator, faculty member, full- or part-time, or classified or non-classified person who is paid by the University.
Immediate Family Member – A spouse or any other person residing in the same household as the employee who is a dependent of the employee or of whom the employee is a dependent.

Personal Interest – A financial benefit or liability accruing to an employee or to a member of the employee’s immediate family. The personal interest shall exist by:

1. Ownership in a business where the ownership interest exceeds three percent of the total equity of the business;
2. Income from ownership of a business or property exceeds or may reasonably be anticipated to exceed $5,000 annually;
3. Salary, other compensation, fringe benefits or benefits exceed or may reasonably be expected to exceed $5,000 annually;
4. Ownership value of the real or personal property exceeds $5,000 annually;
5. Personal liability exceeds three percent of the asset value of the business; or
6. An option for ownership of a business, real property, or personal property will consist of (1) or (4) above.

D. SCOPE

This policy applies to all employees of the University. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University.

E. POLICY STATEMENT

1. Prohibited Conduct
   a. No employee shall accept or solicit money or any other thing of value to perform the job assigned to the employee by Old Dominion University other than the remuneration provided by the University for that job.
   b. No employee shall accept or solicit money or any other thing of value from another to appoint, employ, or promote any person within the University.
   c. No employee shall accept or solicit money or any other thing of value for any person to obtain a contract or business with the University.
   d. No employee shall use or provide information obtained by virtue of employment, which is not available to the public, for profit.
   e. No employee shall accept any money, loan, gift, favor, service or business or professional opportunity when that employee knows or should know that there is a reasonable likelihood that the opportunity is being afforded to influence the employee in his or her official duties.
   f. No employee shall accept a gift where the timing, frequency and nature of the gift could cause a reasonable person to question the employee’s impartiality in a matter affecting the donor.

2. Nepotism

The University prohibits spouses or other members of the employee’s immediate family from working at the University where a spouse or other immediate family member may report to
or otherwise be supervised by the employee. The spouse or immediate family member may only be hired when the reporting line is modified to remove the conflict; the Board of Visitors is advised of the conflict; and the Board finds that it is in the best interests of the University to allow the dual employment.

The employee shall not supervise, review or otherwise be under the control of a spouse or a member of the immediate family if employment is permitted.

3. Exceptions:

Exceptions may be allowed for employees under the following circumstances:

a. Contracts with other agencies of State government.

b. Contracts with a publisher or wholesaler of textbooks or other educational materials for students because the employee has authored or otherwise created the material.

c. Subject to the approval of the Board of Visitors, a personal interest in a contract for research and development or commercialization of intellectual property between Old Dominion University and a business in which the employee has a personal business interest if

1. the employee’s interest was disclosed prior to entry into the contract;
2. the employee files a proper disclosure statement and thereafter files a statement annually, as required by law;
3. Old Dominion University has a policy that has been approved by the State Council of Higher Education for Virginia (SCHEV); and
4. Old Dominion University files the annual report with the Secretary of the Commonwealth as required by law.

4. Sanctions

a. Any person who knowingly violates the Conflict of Interests Act may be prosecuted for a Class 1 misdemeanor and malfeasance in office.

b. The agreement or contract made in violation may be declared void and a civil penalty assessed.

c. A violating employee may be terminated.

F. PROCEDURES

1. The employee has the ultimate responsibility to comply with the law.

2. All employees with a potential conflict of interests are required to advise the University of the potential conflict of interests and, when applicable, complete a Statement of Economic Interest.

3. The Department of Human Resources shall prepare a list of employees who, due to their job descriptions, are designated by the Commonwealth of Virginia as employees who must complete a Statement of Economic Interest.

4. All employees listed by the Department of Human Resources as being required to file a Statement of Economic Interest must complete the Statement of Economic Interest annually.
5. University Counsel shall be responsible for providing Conflict of Interests training to all designated employees as required by law.

6. All employees required to file a Statement of Economic Interest must undergo training as to conflict of interests when initially identified and every two years thereafter.

7. The Department of Human Resources shall be responsible for identifying potential conflicts of interests related to reporting relationships with new classified employees and administrative and professional faculty and preparing the necessary resolutions for submittal to the Board of Visitors. The Office of Academic Affairs shall be responsible for identifying potential conflicts of interests related to reporting relationships with new faculty and preparing the necessary resolutions for submittal to the Board of Visitors. Vice Presidents shall be responsible for providing the Department of Human Resources or the Office of Academic Affairs, as appropriate, with notice of potential conflicts of interests that may occur as the result of marriage between two employees either within their vice presidential area or another vice presidential area.

8. Any employee may clarify a possible conflict of interests by a formal request for an opinion from the Attorney General of Virginia.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

University Counsel

I. RELATED INFORMATION

Board of Visitors Policy 1421 – Outside Employment
University Policy 1002 – Code of Ethics
Teaching and Research Faculty Handbook
POLICY HISTORY

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ James D. Wright ___________________________ May 28, 2019 ___________________________
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks ___________________________ February 26, 2019 ___________________________
Chair, Policy Review Committee (PRC) Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance ___________________________ July 31, 2019 ___________________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick ___________________________ August 1, 2019 ___________________________
President Date

Policy Revision Dates: December 1, 1988; December 8, 2009; December 14, 2015; August 1, 2019

Scheduled Review Date: July 31, 2024
OLD DOMINION UNIVERSITY
University Policy

Policy #6400
TUITION ASSISTANCE POLICY

Responsible Oversight Executive: Vice President for Human Resources, Diversity, Equity, and Inclusion
Date of Current Revision or Creation: August 8, 2022

A. PURPOSE

The purpose of this policy is to establish the requirements for participation in the Old Dominion University tuition assistance program for eligible Old Dominion University employees, their spouses, and legal dependents.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Virginia Department of Human Resource Management Policy 5.10 - Educational Assistance

C. DEFINITIONS

Academic Year – In sequence, the Fall, Spring and Summer semesters (sessions).

Administrative and Professional (AP) Faculty – Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Degree-Seeking – Courses that are directly related to a degree-seeking program offered at Old Dominion University.

Eligible Course Work – Higher education courses for which a letter grade is assigned and college or university credit hours are earned.

Eligible Employee – Full-time classified employees, full-time teaching and research faculty and full-time administrative and professional (AP) faculty who have completed one year of full-time
service with Old Dominion University at the time of the tuition assistance application deadline. Part-time classified and wage (non-student) employees who have worked 2080 hours of continuous service with Old Dominion University at the time of the tuition assistance application deadline.

**Eligible Family Members** – The legally married spouse (as defined in the Code of Virginia) and dependents (as defined by the IRS) of eligible classified, faculty and AP faculty employees. Family members of wage and part-time faculty classified employees are not eligible.

**Participant** – The employee, spouse or dependent receiving tuition assistance. Dependents are defined as by IRS guidelines.

**Teaching and Research Faculty** – Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles (with departmental designation).

**Tuition Assistance** – Payment of funds for tuition only, per-credit-hour, not to exceed the Old Dominion University in-state tuition rate. Fees and other related charges will not be covered and are the responsibility of the employee. All tuition assistance provided is contingent upon availability of funding.

**Wage Employee** – A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. (Wage employees are sometimes referred to as hourly employees.)

D. **SCOPE**

This policy applies to all eligible employees of Old Dominion University and their eligible family members as defined above. Legal dependents are defined as by IRS guidelines.

E. **POLICY STATEMENT**

Old Dominion University is committed to making affordable higher education available to eligible employees and their family members by providing them with opportunities to increase their education, job skills and career development through a tuition assistance program. Funding for employee participation in the tuition assistance program is derived from Commonwealth sources and from local sources for eligible family members. As a general rule, tuition assistance is provided for tuition payments that would be made to Old Dominion University. All tuition assistance provided is contingent upon availability of funding.

Tuition assistance must be for a degree-seeking program at Old Dominion University. Tuition assistance shall not be provided for in-service training coursework, continuing education, computer software courses, instruction for standardized test preparation (SAT, GMAT, GRE etc.) or courses for professional licensure, certification. (CPA, SHRM, etc.) These courses can be taken and paid through departmental budgeted funds.

All employees approved and granted tuition assistance funding will agree to continue employment at Old Dominion University. The employee must remain employed for one full calendar year following the last day of classes for the semester in which their last course was completed (as documented on the academic calendar). If the conditions of this agreement are not met, the tuition assistance must be repaid. An individual will be responsible for re-payment of tuition assistance funds unless involuntarily separated without cause.
In addition to the requirements of this policy, tuition assistance program participants shall be responsible for complying with the procedures as for students as established by academic and administrative guidelines of the University.

- Classified employees: 6 credit hours – Fall, Spring semesters and Summer sessions
- Instructional & AP Faculty: 6 credit hours – Fall, Spring semesters and Summer sessions
- Part-time classified & Wage employees: 3 credit hours – Fall, Spring semesters and Summer sessions
- Dependents/Spouse of eligible family members: 6 credit hours – Fall and Spring semester only
- Military/ROTC: 6 credit hours – Fall, Spring semesters and Summer sessions

At the supervisor's discretion and approval, all eligible employees as defined in this policy will be allowed release time during regular scheduled working hours to attend tuition-assisted funded classes. No more than three hours per week of release time will be granted for use of annual, compensatory, overtime or VSDP personal leave. At the supervisor's discretion, employees may work adjusted or flexible work hours (i.e., reporting to work early or leaving work late) to cover only that time needed to be absent from work to attend class.

** Eligible Family Members

Eligible family members as defined in this policy may receive tuition assistance. Dependents are as defined by IRS guidelines.

- Classified employees: 6 credit hours – Fall, Spring semesters and Summer sessions
- Instructional & AP Faculty: 6 credit hours – Fall, Spring semesters and Summer sessions
- Part-time classified & Wage employees: 3 credit hours – Fall, Spring semesters and Summer sessions
- Dependents/Spouse of eligible family members: 6 credit hours – Fall and Spring semester only
- Military/ROTC: 6 credit hours – Fall, Spring semesters and Summer sessions

In order to receive tuition assistance, eligible family members must meet Satisfactory Academic Progress, as defined in the Satisfactory Academic Progress for Financial Aid Eligibility policy. Family members of wage and part-time classified employees are not eligible.

Eligible family members as identified by IRS guidelines may on rare occasion also be Old Dominion University employees. Such employees must meet the eligibility requirements of dependent status as defined in this policy. The employee will not be permitted benefit as both an eligible dependent and an eligible employee as it pertains to this policy. Only one eligibility status will be applicable.

Dependents of two eligible Old Dominion University employees may apply for and receive tuition assistance funding. The dependent will be allowed to use tuition assistance funding as a benefit under both eligible employees.

In accordance with current Internal Revenue Service regulations, graduate tuition assistance provided for eligible family members is considered a non-cash taxable fringe benefit to the employee and the employee will be taxed accordingly.

Tuition assistance for eligible family members is available only for courses taken at Old Dominion University.
F. PROCEDURES

Participants must be registered and enrolled for the course(s) for which tuition assistance is requested at the time of the tuition application deadline. Completed online applications for tuition assistance are due to the Department of Human Resources no later than the online application deadline stated. Online applications must specify the course(s), name, number, credit hours and if the course is graduate or undergraduate for which tuition assistance is requested. Changes to course(s) (withdrawal, drop and/or add) requested and specified on the application must be made prior to the academic (withdrawal, drop and/or add) deadlines as established by the University Registrar and will not be permitted after the deadline has passed.

In the event of unsuccessful course completion, course withdrawal, adding or dropping the course after the University Registrar’s established deadlines, employees will be responsible for repayment of tuition assistance awarded to them and their eligible family members. Also, in the event of or failure to clear an Incomplete (I or II) by the start of the next semester, unless enrolled as a Doctoral candidate completing a written dissertation, the employee will be responsible for repayment of awarded funds. An individual will be responsible for repayment of awarded tuition assistance funds unless involuntarily separated without cause.

Grading

The participant must receive a grade of C minus (C-) or better for an undergraduate course, or a B minus (B-) or better for a graduate course or an equivalent passing score for non-letter grade course assessment, by the date as prescribed by the Old Dominion University Registrar in order for the course to be deemed as having achieved successful completion under this program. Successful completion of the course is defined per the undergraduate/graduate degree program requirements.

For more details, refer to Old Dominion University Department of Human Resources Tuition Assistance Procedures and Applications.

G. RECORDS RETENTION

Records are retained for three years and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 103, Series 100481).

H. RESPONSIBLE OFFICER

Assistant Director of Human Resources Benefits Services

I. RELATED INFORMATION

Virginia Department of Human Resource Management Leave Policies and Procedures
Old Dominion University Leave Policies and Procedures

POLICY HISTORY

************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Brenda M. Johnson August 3, 2022

Policy #6400 – Tuition Assistance Policy
Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  ___________________________  May 3, 2022  ________________
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  ___________________________  August 3, 2022  ________________
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  ___________________________  August 4, 2022  ________________
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  ___________________________  August 8, 2022  ________________
President  Date

Policy Revision Dates:  December 1, 1988; May 1, 2022; January 31, 2003, July 1, 2004; July 1, 2008; June 24, 2010; June 21, 2012; December 16, 2016; August 8, 2022

Scheduled Review Date:  August 8, 2027
A. PURPOSE

It is the policy of the Commonwealth to foster a culture that demonstrates the principles of civility, diversity, equity, and inclusion. The purpose of this policy is to uphold this commitment by ensuring that workplace harassment (including sexual harassment), bullying (including cyber-bullying), and workplace violence of any kind are prohibited at Old Dominion University (the University). The University will also maintain a welcoming, safe, and civil workplace for their employees, customers, clients, contract workers, volunteers, and other third parties and increase awareness of all employees' responsibility to conduct themselves in a manner that cultivates mutual respect, inclusion, and a healthy work environment. This policy also communicates a requirement that all employees should be trained to recognize, prevent, and report behaviors that constitute harassment, sexual harassment, intimidation, bullying, cyber-bullying, and threats or violence related to the workplace.

B. AUTHORITY

Virginia Code Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning institution. Section 7.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Virginia Department of Human Resource Management Policy #2.35 - Civility in the Workplace

C. DEFINITIONS

Administrative and Professional (AP) Faculty - Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, administrative, and development functions or activities of the institution.

Bullying - Disrespectful, intimidating, aggressive, and unwanted behavior toward a person that is intended to force the person to do what one wants, or to denigrate or marginalize the targeted person. The behavior may involve a real or perceived power imbalance between the aggressor and the targeted person. The behavior typically is severe or pervasive and persistent, creating a hostile work environment. Behaviors may be discriminatory if they are predicated on the targeted
person’s protected class (e.g., using prejudicial stereotyping or references based on the targeted person’s characteristics or affiliation with a group, class, or category to which that person belongs, or targeting people because they are in a protected class). In determining whether conduct is severe, persistent, or pervasive, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals' education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.

Classified Staff - A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Complainant - A University community member or visitor who files a complaint under this policy.

Complaint - The written document or verbal statement of alleged facts used to initiate action under this policy.

Complaint Commencement Date – The date on which the complainant provides a written complaint or a verbal statement that includes a statement of alleged facts describing the offense.

Cyber-Bullying- Using technology to intentionally harm others through hostile behavior, threatening, disrespectful, or intimidating messages. Bullying that occurs via the Internet, cell phones, or other devices (e-mails, IMs, text messages, blogs, pictures, videos, postings on social media, etc.). Pretending to be the victim or spreading rumors or visual images online in order to denigrate or marginalize the targeted person. Behaviors may be discriminatory if they are predicated on the targeted person’s protected class (e.g., using prejudicial stereotyping or references based on the targeted person’s characteristics or affiliation with a group, class, or category to which that person belongs, or targeting people because they are in a protected class). In determining whether conduct is severe, persistent, or pervasive, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals' education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.

Discrimination – Inequitable and unlawful treatment based on an individual's protected characteristics or statuses, race (or traits historically associated with race including hair texture, hair type, and protective styles such as braids, locks, and twists), sex, color, national origin, religion, age, veteran status, sexual orientation, general identity, pregnancy, genetic information, political affiliation, marital status, disability, or any other status protected by law, that excludes an individual from participation in an educational program or activity, denies the individual the benefits of an educational program or activity, treats the individual differently or otherwise adversely affects a term or condition of an individual's employment, education, living environment or participation in an educational program or activity. Discrimination does not have to include intent to harm or involve repeated incidents.

Discriminatory Harassment – A form of discrimination in which unwelcome verbal, written, or physical conduct is directed toward an individual on the basis of his or her protected characteristics or statuses by any member of the University community. Harassment does not have to include intent to harm or involve repeated incidents. Harassment violates this policy when
it creates a hostile environment, as defined below, or when enduring the conduct becomes a condition of continued employment.

**Sexual Harassment** – A form of discrimination based on sex. It is defined as unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature including: verbal (e.g., specific demands for sexual favors, sexual innuendos, sexually suggestive comments, jokes or a sexual nature, sexual propositions, or sexual threats); non-verbal (e.g., sexually suggestive emails, other writings, articles or documents, objects or pictures, graphic commentaries, suggestive or insulting sounds or gestures, leering, whistling, or obscene gestures); or physical (e.g., touching, pinching, brushing the body, any unwelcome or coerced sexual activity, including sexual assault). Sexual harassment can involve persons of the same or different sexes. Sexual harassment may also include sex-based harassment directed toward stereotypical notions of gender identity or a failure to conform to those gender stereotypes.

The types of sexual harassment prohibited by this policy are:

1. **Quid Pro Quo** – Term or condition of employment, which occurs when the terms or conditions of employment, educational benefits, academic grades or opportunities, living environment or participation in a University activity are conditioned upon, either explicitly or implicitly, submission to or rejection of unwelcome sexual advances or requests for sexual favors, or such submission or rejection is a factor in decisions affecting that individual's employment, education, living environment, or participation in a University program or activity;

2. **Hostile Environment** – May be created by unwelcome conduct that is sufficiently severe, persistent, or pervasive, and objectively offensive that it interferes with, limits, or denies the ability of an individual to participate in or benefit from educational programs, services, opportunities or activities, or the individual's employment access, benefits, or opportunities. Mere subjective offensiveness is not enough to create a hostile environment. In determining whether conduct is severe, persistent, or pervasive and thus creates a hostile environment, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals’ education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolated incidents (unless extremely serious) will not rise to the level of a violation.

**Non-Discriminatory Harassment** - Any targeted or directed unwelcome verbal, written, social, or physical conduct that either denigrates or shows hostility or aversion towards a person not predicated on the person’s protected class. In determining whether conduct is severe, persistent, or pervasive, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals’ education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the person subjected to the conduct. Petty slights, annoyances, and isolate incidents (unless extremely serious) will not rise to the level of a violation.

**Receiving Area** - The appropriate division to receive and coordinate response to complaints or policy violations. The following is a list of designated receiving areas:

<table>
<thead>
<tr>
<th>Affiliation Type</th>
<th>Division</th>
<th>Receiving Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP Faculty</td>
<td>Department of Human Resources</td>
<td>Employee Relations</td>
</tr>
<tr>
<td>Classified Staff</td>
<td>Department of Human Resources</td>
<td>Employee Relations</td>
</tr>
<tr>
<td>Wage Employee</td>
<td>Department of Human Resources</td>
<td>Employee Relations</td>
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</tr>
<tr>
<td>Teaching and Research Faculty</td>
<td>Academic Affairs</td>
<td>Office of the Provost</td>
</tr>
<tr>
<td>Student</td>
<td>Student Engagement and Enrollment Services</td>
<td>Dean of Students Office</td>
</tr>
<tr>
<td>Third-Party Affiliate</td>
<td>Administration and Finance</td>
<td></td>
</tr>
</tbody>
</table>

**Retaliation** - Overt or covert acts of reprisal, interference, restraint, penalty, discrimination, intimidation, or harassment against an individual or group exercising rights under this policy.

**Teaching and Research Faculty** - Employees whose work assignments primarily involve instruction, research, and scholarly activities, and who hold academic rank/titles.

**Third Parties** - Individuals who are not state employees, but who have business interactions with state employees. Such individuals include, but are not limited to:
- Customers
- Clients
- Students
- Interns
- Vendors
- Contractors
- Volunteers
- Applicants
- Affiliate organizations
- General public

**Wage Employee** - A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. Wage employees are sometimes referred to as hourly employees. Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time.

**Workplace** - Any location, either permanent or temporary, where an employee performs any work-related duty or is representing the agency in this capacity. This includes, but is not limited to, the buildings and surrounding perimeters, including the parking lots, field locations, alternate work locations, clients’ homes or offices, outside meetings, conferences and conventions, and travel to and from work assignments. It also applies to written, verbal, or graphic communications delivered in person, via phone, message, computer, or social media.

**Workplace Violence** - Any physical assault, threatening behavior, or verbal abuse occurring in the workplace by employees or third parties. Threatening behaviors create a reasonable fear of injury to another person or damage to property or subject another individual to extreme emotional distress.

**D. SCOPE**

This policy applies to conduct on property owned, leased, or controlled by the University involving students, employees, visitors to the institution, contractors working on campus who are not University employers, and students and employees participating in University-sponsored activities. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues whether the University’s programs are in session. Employees include all full-time or part-time classified staff, administrative and professional faculty, teaching and research faculty, and wage/hourly
employees who are paid by the University. Visitors include, but are not limited to, vendors and their employees, parents of students, volunteers, guests, uninvited guests, and all other persons located on property owned, leased, or otherwise controlled by the University. This policy also is applicable to any conduct that occurs on non-University property that has continuing effects that create a hostile environment on campus. To the extent that the alleged conduct would satisfy the definition of sexual harassment under both this policy and the Policy on Title IX, the Policy on Title IX will supersede this policy for resolution of complaints and reports of such alleged conduct.

Conduct that violates this and related policy provisions and that occurs outside of the workplace may be grounds for disciplinary actions, up to and including termination, when the conduct has a sufficient nexus to the workplace or the University's mission, operations, services, or reputation.

E. POLICY STATEMENT

The University provides a welcoming, safe, and civil workplace for employees, customers, clients, contract workers, volunteers, and other third parties. This policy increases awareness of all employees' responsibility to conduct themselves in a manner that cultivates mutual respect, inclusion, and a healthy work environment.

The University is also committed to promoting a work and education environment that is free from harassment and discrimination based on race, sex, color, national origin, religion, age, veteran status, sexual orientation, gender identity, disability, pregnancy, political affiliation, marital status, and genetic information, or based on any other status protected by law. The University will take steps to prevent recurrence of harassment and/or discrimination when incidents occur, remedy any discriminatory effects on the complainant and others (including measures to protect other students, if appropriate), and address complaints or reports of retaliation.

The University promotes the lawful exercise of First Amendment freedoms or rights as set out in University Policy 1700, Freedom of Expression of Expression/Demonstration Policy.

This policy is not intended to conflict with language in existing University policies and statements protecting academic freedom, including the ODU Policy 1002-Code of Ethics and the following policies and statements that appear in the Teaching and Research Faculty Handbook: "Academic Freedom," "Statement on Freedom of Expression," "Professional Ethics," "Tenure," and the "Faculty Code of Conduct."

F. PROCEDURES

Prohibited Conduct

This policy strictly forbids harassment (including sexual harassment), bullying behaviors, and threatening or violent behaviors of employees, applicants for employment, customers, clients, contract workers, volunteers, and other third parties in the workplace and university campus community. This includes behaviors that undermine team cohesion, staff morale, individual self-worth, productivity, and safety which are also not acceptable. In determining whether conduct is severe, persistent, or pervasive, the following factors will be considered: (a) the degree to which the conduct affected one or more individuals' education or employment; (b) the nature, scope, frequency, duration, and location of the incident(s); (c) the identity, number, and relationships of persons involved; and (d) the perspective of a "reasonable person" in the same situation as the
person subjected to the conduct. Petty slights, annoyances, and isolate incidents (unless extremely serious) will not rise to the level of a violation.

Refer to the Policy Guide- Prohibited Conduct/Behaviors for more information.

<table>
<thead>
<tr>
<th>General Policy Provisions</th>
<th>Application</th>
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<tbody>
<tr>
<td>Manager and Supervisor Requirements</td>
<td>• Stop any prohibited conduct of which they are aware, whether or not a complaint has been made.</td>
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<td>• Express strong disapproval of all forms of prohibited conduct.</td>
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<td>• Intervene when they observe any acts that may be considered prohibited conduct.</td>
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<td>• Take immediate action to prevent retaliation towards the reporting party or any participant in an investigation.</td>
</tr>
<tr>
<td></td>
<td>• Take immediate action to eliminate any hostile work environment when there has been a complaint of workplace harassment.</td>
</tr>
<tr>
<td></td>
<td>• Take immediate action to address any threats or violent behavior that could endanger the safety of employees and others in the workplace or result in damage to physical structures.</td>
</tr>
<tr>
<td>Failure to Respond</td>
<td>Managers and/or supervisors who fail to take appropriate action upon becoming aware of the behavior shall be subject to disciplinary action, up to and including termination.</td>
</tr>
<tr>
<td>Allowing Prohibited Conduct to Continue</td>
<td>Managers and/or supervisors who allow observed or reported prohibited conduct addressed in this policy to continue upon becoming aware of the behavior may be considered parties to the offense and subject to disciplinary action, up to and including termination.</td>
</tr>
<tr>
<td>Engaging In Prohibited Conduct</td>
<td>Any employee who engages in conduct prohibited under this policy or who encourages or ignores such conduct by others shall be subject to corrective action, up to and including termination.</td>
</tr>
<tr>
<td>Violations Outside the Workplace</td>
<td>Violations occurring outside the workplace may be grounds for disciplinary action, up to and including termination.</td>
</tr>
</tbody>
</table>
How to File a Complaint

Discriminatory Harassment
[Harassment Illegal under Equal Employment Laws]
Discrimination Complaint Policy and Procedures

Complaints of discrimination and harassment should be made to the Office of Institutional Equity and Diversity (OIED). The OIED is responsible for overseeing the investigation of all complaints and reports of alleged discrimination, and harassment and retaliation and is trained to help individuals who file complaints find resources, investigate, and informally resolve matters as appropriate. Discriminatory workplace harassment complaints under this policy can be filed as per the procedures set forth in University Policy #1005- Discrimination Policy.

The OIED serves as an impartial resource for the resolution of concerns and complaints under this policy. Therefore, the OIED does not serve as an advocate for either the complainant or the respondent. The OIED will explain to all identified parties the procedures outlined below, including confidentiality. The OIED will provide all identified parties with information regarding the complaint procedure, including the availability of informal resolution options.

Workplace Complaints

Complaints of workplace harassment should be made to the appropriate receiving area. This area will be responsible for overseeing the investigation of all non-discriminatory complaints and reports of workplace conflict, workplace bullying, and cyber-bullying. Designated contacts are trained to investigate individuals who file complaints find resources, and informally resolve matters as appropriate.

Complaints made to the Department of Human Resources under this policy can be filed by using the online Non-Discriminatory Workplace Incivility form.

The Department of Human Resources serves as an impartial resource for the resolution of concerns and complaints under this policy. Therefore, the HR does not serve as an advocate for either the complainant or the respondent. HR will explain to all identified parties the procedures outlined below, including confidentiality. HR will provide all identified parties with information regarding the complaint procedure, including the availability of informal resolution options.

Informal Workplace Complaint Procedure

1. Informal Discussion: The Department of Human Resources shall encourage an employee who has a complaint of non-discriminatory workplace harassment to discuss the complaint with the supervisor and/or individual who took the action that is the basis for the complaint.

2. Informal Resolution: Both parties to the complaint shall attempt to affect a resolution of the complaint through informal discussions where applicable. The Department of Human Resources may advise parties of informal resolution options (such as mediation) and may facilitate resolution of the complaint or report if appropriate.

3. The complainant may request, at any time during the informal process, to proceed with a formal complaint, as described below.
Although there are no time limitations for filing a complaint, the passage of time may impact the University’s ability to investigate and/or resolve the complaint.

**Formal Workplace Complaint Procedure**

The complainant is not required to submit a written complaint to commence a formal investigation. In the case of a reported concern by a third party, the third party will be instructed to refer the alleged victim to the complaint process. The complaint may be supplemented by additional supporting documents, evidence, recommendations for witnesses to be interviewed during the course of the investigation. The complainant must also disclose if a formal complaint has been filed with another University, State, or Federal entity for the same offense.

Complaints may also be initiated by scheduling a meeting to provide a verbal statement. Nevertheless, individuals who believe they have been the subject of conduct in violation of this policy are encouraged to make detailed written statements of the facts, including the name(s) of the offending individual(s) and any witness(es), promptly after an incident. It is a violation of this policy for a supervisor or another employee to interfere with an individual’s right to file a complaint under this policy.

1. The appropriate receiving area will confirm that the matter involves an alleged violation of this policy, and a referral will be made to the appropriate on-campus or off-campus resources to address the issues.

2. The formal complaint will be assigned a representative from the appropriate receiving area and co-investigators may be assigned as appropriate. Externally trained investigators may be assigned in certain cases if appropriate. All investigations of complaints alleging workplace violations of this policy shall be overseen by the Assistant Vice President for Human Resources the Associate Vice Provost for Faculty Affairs and Strategic Initiatives.

3. The appropriate receiving area will discuss the complaint with the complainant and the respondent as appropriate, including providing information about the formal investigation procedure and resources. The receiving area will explain to the parties that each has the opportunity to provide evidence and to suggest witnesses to be interviewed during the course of the investigation.

4. The investigator(s) will conduct a prompt, adequate, reliable, and impartial investigation of the complaint. All parties will be notified of the expected timeframe for the investigation process. The appropriate receiving area will consider whether involvement of other University administrators is appropriate.

5. Both the complainant and respondent will have the same opportunity to review and respond to evidence obtained during an investigation before the investigation reports are released. The University shall strive to make the process transparent and fair to all parties.

6. The investigator(s) shall prepare a written investigation report fairly summarizing the relevant evidence. The report shall be provided to both the complainant and the respondent concurrently.

7. Reporting the Investigation Results:
a. In the case of an AP Faculty, classified staff, and/or wage/hourly employee respondent, once the investigation is completed, the investigation report shall be provided to the respective Vice President or designee for evaluation and determination of responsibility.

b. In the case of an instructional faculty member respondent, once the investigation is completed, the investigation shall be provided to the Provost or designee for evaluation and determination of responsibility. Sanctions for teaching and research faculty will be determined by the Provost in accordance with the Teaching and Research Faculty Handbook. Possible sanctions include, but are not limited to, mandatory counseling, written reprimand, training, or the initiation of termination proceedings.

8. Determinations of responsibility under this policy shall be made using the preponderance of the evidence standard. Preponderance of the evidence means that it is more likely than not, or greater than 50%. The parties will be informed in writing of the determination within 15 business days from the issuance of the investigation report. The written determination should include a rationale explaining the reason(s) for the decision. The Department of Human Resources and/or Academic Affairs shall be provided a copy of the written determination.

Anonymous Complaints

Anonymous complaints may also be filed by using the online complaint form, which can be completed online, or hand delivered.

The receiving area may be limited in the ability to investigate an anonymous complaint unless sufficient information is furnished to enable the ability to conduct a meaningful and fair investigation. If the complainant requests confidentiality, anonymity, or that an investigation not be conducted, the University may be limited in the actions it is able to take and its ability to respond while respecting the request.

Every effort will be made to respect and safeguard the privacy interests of all individuals involved in a manner consistent with the need for a careful assessment of the allegation and any necessary steps to eliminate the conduct, prevent its recurrence, and address its effects. Information related to a report or complaint under this policy will only be shared with those individuals within the active review, investigation, or resolution of the concern. While not bound by confidentiality, these individuals must be discreet and respect the privacy of all individuals involved in the process.

Retaliation

Employees and third parties who, in good faith, make complaints of inappropriate workplace conduct or provide information related to such complaints will be protected against retaliation.

If retaliation occurs, the complainant(s) should report the retaliation through procedures for filing complaints of retaliation. These are outlined in University Policy #3020 - Whistleblower Retaliation Policy.
Deferral of Action

Should a complaint under this policy be raised in another internal procedure (for example, in the classified grievance process, faculty grievance process, or mediation process) the other internal procedure may be deferred until the conclusion of an initiated investigation.

Complainants may pursue external complaints with State and Federal agencies. These agencies include but are not limited to the Commonwealth of Virginia Department of Human Resource Management, the U.S. Equal Employment Opportunity Commission, the Office for Civil Rights, the U.S. Department of Justice, and the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs. Any external complaint of allegations covered by this policy will result in the dismissal of the internal complaint upon notice to the University that an external complaint has been filed.

Sanctions

Sanctions and due process procedures will be followed in accordance with the following:

1. Sanctions for students will be determined in accordance with the student regulations and policies. Sanctions may include, but are not limited to, disciplinary penalties described in the Code of Student Conduct, suspension or dismissal/expulsion.

2. Sanctions for teaching and research faculty will be determined by the Provost in accordance with the Teaching and Research Faculty Handbook. Possible sanctions include, but are not limited to, mandatory counseling, written reprimand, training, or the initiation of termination proceedings.

3. Sanctions for AP faculty and other non-classified staff shall be determined by the supervisor of the employee in consultation with the Department of Human Resources and in accordance with Board of Visitors Policy 1490, Administrative and Professional Faculty. Possible sanctions include, but are not limited to, counseling, training, reassignment, or the initiation of termination proceedings.

4. Sanctions for classified employees will be determined by the supervisor of the employee in consultation with the Department of Human Resources in accordance with the Commonwealth’s Standards of Conduct Policy 1.60. Sanctions that may be imposed by the University include, but are not limited to, verbal counseling, additional training, and issuance of a Written Notice, suspension, or termination of employment.

5. The University reserves the right to require a Contractor to remove from campus any employee who violates this policy. Contractors shall assign for duty only employees acceptable to the University.

6. Visitors who violate this policy will be directed to leave campus immediately and may be subject to a permanent ban from campus.

Documentation and Recordkeeping

The Department of Human Resources will maintain, in a confidential manner, all complaints, reports, witness statements, documentary evidence, written investigation reports, resolutions, and associated documents for a period consistent with Federal and State record retention policies for paper or electronic files.
G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.

H. RESPONSIBLE OFFICER

Assistant Vice President for Human Resources

I. RELATED INFORMATION

Virginia Department of Human Resource Management Policy #1.60 - Standards of Conduct
Virginia Department of Human Resource Management Policy #1.75 - Use of Electronic Communications and Social Media
Virginia Department of Human Resource Management Policy #2.05 - Equal Employment Opportunity
Board of Visitors Policy 1014 – Threat Assessment
Board of Visitors Policy 1530 – Code of Student Conduct
University Policy 1002 - Code of Ethics
University Policy 1005 - Discrimination Policy
University Policy 1008 – Policy on Title IX- Sexual Harassment and Sex or Gender-Based Discrimination
University Policy 3012 – Safety and Security Policy
University Policy 3020- Whistleblower Retaliation Policy
Disruptive Behavior Policy for Faculty and Faculty Administrators
Information Technology Standard 09.1.0 - Acceptable Use Standard
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ JaRenae Whitehead  August 3, 2022
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  May 3, 2022
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  August 3, 2022
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ Allen T. Wilson  August 4, 2022
University Counsel  Date

Presidential Approval:

/s/ Brian O. Hemphill, Ph.D.  August 8, 2022
President  Date

Policy Revision Dates:  August 8, 2022

Scheduled Review Date:  August 8, 2027
A. PURPOSE

The purpose of this policy is to set forth the University’s and the Commonwealth of Virginia’s Standards of Conduct and the disciplinary process used to address unacceptable behavior, conduct, and related employment problems in the workplace or outside the workplace when conduct impacts an employee’s ability to do his/her job and/or influences the University’s overall effectiveness.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, specifies that agency heads shall be the appointing authorities of their respective agencies and shall establish methods of personnel administration within their agencies.

C. DEFINITIONS

Aggravating Circumstances – Conditions that support the issuance of a more severe corrective action.

Classified Employee – A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

Corrective Action – Any intervening informal or formal action taken by management to address employment problems, such as unacceptable performance, behavior or misconduct.

Counseling – Counseling may be an informal or formal intervention that consists of a discussion between an employee and his or her supervisor regarding problems with the employee’s work performance, behavior, and/or conduct. Informal counseling discussions may be notated and
placed in the supervisory file. Formal counseling discussions must be documented in a written memorandum to the employee.

**Demotion** – Performance or disciplinary-based management-initiated assignment of an employee to the same or a different position in the same or lower Pay Band with fewer job responsibilities that results in a minimum of a 5% reduction in base salary.

**Disciplinary Action** – A formal action taken in response to unacceptable performance or misconduct. Disciplinary actions include the issuance of written notices; suspensions; demotions; transfers; disciplinary salary actions; and terminations.

**Employee Assistance Program ("EAP")** - A benefit provided by the Commonwealth of Virginia to persons enrolled in the health benefit program that provides comprehensive, confidential, employee assistance services (such as short term counseling, assessment, and referral services) to covered University employees and their families.

**Management** – Employees assigned responsibility to direct and oversee employees and/or operations within an agency.

**Mitigating Circumstances** – Conditions that in the interest of fairness and objectivity support the issuance of a less severe corrective action.

**Non-Probationary Employee** – A classified employee who has completed his or her probationary period.

**Notification of Planned Disciplinary Action** – Written communication, typically a memo, that describes the policy violation(s) or performance deficiencies being cited and the disciplinary action being considered. The memo provides instructions for responding including deadline. Final decisions about disciplinary action are made after the employee response is considered.

**Pay Band** – One of nine salary ranges assigned to classified positions for purposes of recruitment, pay practices and compensation administration.

**Progressive Discipline** – A system of increasingly significant measures that provide feedback to employees so that they can correct conduct or performance problems. It is most successful when provided in a way that helps an employee become a fully contributing member of the organization. Progressive discipline also enables management to fairly, and with reliable documentation, terminate an employee who is unable or unwilling to improve his/her workplace conduct and/or job performance.

**Reasonable Opportunity to Respond** – Employees must be given a reasonable opportunity to respond after receiving notification of planned disciplinary action. Normally, a 24-hour period is sufficient. However, a “reasonable opportunity to respond” should not be based solely on the quantity of time provided but also on the nature of the offense, which may or may not require time to refute or mitigate the charge.

**Restricted Classified Employee** – A classified position with at least 10% of its funding from non-continuous or non-recurring funding sources, such as grants, donations, contracts, capital outlay projects, or higher education auxiliary enterprise revenues. Employees in restricted positions have no guarantee of employment for a particular term and may be terminated in accordance with the policies of the Department of Human Resource Management (DHRM). Certain provisions of the Layoff Policy do not apply to employees in restricted positions.
Suspension – An employee’s absence from work, without pay, that is imposed as a part of a disciplinary action.

Wage Employee - A non-salaried employee who receives pay for hours worked and is not covered by the provisions of the Virginia Personnel Act. Wage employees are sometimes referred to as hourly employees. Wage employees have no guarantee of employment for a particular term or a particular daily or weekly work schedule; they serve at the will of the designated hiring official and may be terminated at any time.

Written Notice – Formal disciplinary documentation that is issued when counseling has failed to correct misconduct or performance problems or when an employee commits a more serious offense. A written notice may be accompanied by additional actions including suspension; a demotion or transfer with reduced responsibilities and disciplinary salary action; a transfer to an equivalent position in a different work area; or termination. Written notices are organized into three groups according to the severity of the misconduct or behavior.

D. SCOPE

This policy applies to all positions covered by the Virginia Personnel Act, including non-probationary full-time and part-time classified and restricted classified employees. This policy may be used as a guide for evaluating the workplace conduct of employees who are not covered by the Virginia Personnel Act, such as wage employees, probationary employees and employees expressly excluded from the Act's coverage. (Official written notice forms may not be issued to these employees.)

E. POLICY STATEMENT

It is the policy of Old Dominion University, as a Commonwealth of Virginia agency, to promote the well-being of its employees by maintaining high standards of work performance and professional conduct. Therefore, rules of conduct and standards of acceptable work performance for employees have been established. Violations of the established rules and/or work performance may result in the imposition of corrective action. Such action is designed to encourage employees to become fully contributing members of the University and to enable management to fairly and effectively discipline and/or terminate employees who are unable or unwilling to improve their conduct and/or job performance. Corrective and disciplinary actions shall not be based on an employee’s race, color, religion, national or ethnic origin, age, sex (including pregnancy), political affiliation, veteran status, family medical and genetic information, sexual orientation, gender identity, gender expression, or disability.

F. PROCEDURES

Employees covered by this policy are employed to fulfill certain duties and expectations that support the mission and values of the University and are expected to conduct themselves in a manner deserving of public trust. The following list is not all-inclusive but is intended to illustrate the minimum expectations for acceptable workplace conduct and performance.

Employees who contribute to the success of the University’s mission:

- Report to work as scheduled and seek approval from their supervisors in advance for any changes to the established work schedule, including the use of leave and late or early arrivals and departures;
• Perform assigned duties and responsibilities with the highest degree of public trust;

• Devote full effort to job responsibilities during work hours;

• Maintain the qualifications and certifications, licensure, and/or training requirements identified for their positions;

• Demonstrate respect for the University and toward university coworkers, supervisors, managers, subordinates, residential clients, students, and customers;

• Use state equipment, time, and resources judiciously and as authorized;

• Support efforts that ensure a safe and healthy work environment;

• Use leave and related employee benefits in the manner for which they were intended;

• Resolve work-related issues and disputes in a professional manner and through established business processes;

• Meet or exceed established job performance expectations;

• Make work-related decisions and/or take actions that are in the best interest of the University;

• Comply with the letter and spirit of all State and University policies and procedures, the Conflict of Interest Act, and Commonwealth laws and regulations;

• Report circumstances or concerns that may affect satisfactory work performance to management, including any inappropriate (fraudulent, illegal, unethical) activities of other employees;

• Obtain approval from their supervisor prior to accepting outside employment;

• Obtain approval from their supervisor prior to working overtime, if non-exempt from the Fair Labor Standards Act (FLSA);

• Work cooperatively to achieve work, unit, and University goals and objectives; and

• Conduct themselves at all times in a manner that supports the mission of the University and the performance of their duties;

• Demonstrate the ODU Service Standards

Unacceptable performance and/or behavior shall be addressed progressively. Progressive discipline may include informal verbal counseling, formal written counseling or a written notice (formal discipline). Formal discipline may be issued when counseling has failed to correct misconduct or performance problems or when an employee commits a more serious offense. Written notices are organized into three groups according to the severity of the misconduct or behavior. Mitigating and aggravating circumstances should be considered when determining if the offense warrants a Group I (least severe), Group II or Group III (most severe) corrective action.
Written notices may be accompanied by additional actions including suspension, demotion or transfer with reduced responsibilities and a disciplinary salary action, a transfer to an equivalent position in a different work area, or termination. Although supervisors may suggest remedial training, referral to the Employee Assistance Program, and other options in lieu of formal disciplinary action, these suggestions may also be included in written notices and thus become part of the formal disciplinary action.

Prior to the issuance of any written notice, an employee shall be given oral or written notice of the offense, an explanation of the University’s evidence in support of the charge, management’s intended action and a reasonable opportunity to respond to the charges.

EXCEPTION: Management may immediately remove an employee from the workplace without providing advance notification when the employee’s continued presence may constitute negligence in regard to the University’s duties to the public and/or other employees; may be harmful to the employee, other employees, students, or visitors; makes it impossible for the University to conduct business; or may hamper the investigation by law enforcement. In such cases, the employee shall be given notice of the charges and an explanation of the University’s evidence as soon as possible thereafter and shall then be given a reasonable opportunity to respond prior to any formal corrective action taking place.

Management must review all written notices with the Department of Human Resources employee relations staff prior to issuance. Written notices involving suspension, demotion or termination must be signed by the hiring supervisor and the Dean or Director of the department. Written notices involving termination must be approved by the respective Vice President prior to issuance.

Complete procedures, including guidelines on the group offenses, may be obtained through the Department of Human Resources’ Employee Relations Unit.

Note: Non-probationary law enforcement personnel also have access to the procedural guidelines of Code of Virginia Sections 9.1-500-507, as amended, in cases of investigation of work-related matters that could lead to the dismissal, demotion, suspension or transfer for punitive reasons of a law-enforcement officer.

G. RETENTION

Copies of records created or received in pursuance of this policy will be maintained in an individual’s personnel file, which is retained for 50 years following separation, in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General Schedule 103, Series 100484).

H. RESPONSIBLE OFFICER

Director of Human Resources for Employee Relations and Strategic Initiatives

I. RELATED INFORMATION

Virginia Department of Human Resource Management Policy 1.70 – Termination/Separation from State Service
Virginia Department of Human Resource Management Policy 1.75 - Use of Electronic Communications and Social Media
University Policy 1002 - Code of Ethics
University Policy 1005 – Discrimination Policy
University Policy 1020 – Closure of the University Due to Inclement Weather and Emergencies
University Policy 6028 – Fitness for Duty Policy
University Policy 6200 – Hours of Work Policy
University Policy 6501 – Workplace Violence Prevention Policy
University Policy 6602 – Classified Employee Grievance Procedure
University Policy 6603 – University Drug and Alcohol Policy
Old Dominion University Service Standards
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ Kathy Williamson  September 21, 2016
Responsible Officer  Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks  June 28, 2016
Chair, Policy Review Committee (PRC)  Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin  September 20, 2016
Responsible Oversight Executive  Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance  October 3, 2016
University Counsel  Date

Presidential Approval:

/s/ John R. Broderick  October 4, 2016
President  Date

Policy Revision Dates:  December 1, 1988; April 16, 2008; December 8, 2009; October 4, 2016

Scheduled Review Date:  October 4, 2021
A. PURPOSE

The purpose of this policy is to establish the grievance process at Old Dominion University and to ensure compliance with, and implementation of, the Commonwealth’s Grievance Procedure for classified employees.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

The Virginia Personnel Act, Code of Virginia Section 2.2-2900 et. seq., as amended, specifies that agency heads shall be the appointing authorities of their respective agencies and shall establish methods of personnel administration within their agencies.

Commonwealth of Virginia Office of Equal Employment and Dispute Resolution

Commonwealth’s Department of Human Resource Management Policy 1.60, Standards of Conduct

C. DEFINITIONS

Adverse Employment Action – Any employment action resulting in an adverse effect on the terms, conditions, or benefits of employment.

Agency Head – The head of the state agency. At Old Dominion University, this is the President.

Arbitrary or Capricious – In disregard of the facts or without a reasoned basis.

Classified Employee - A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position.

First-Step Respondent – The immediate supervisor of the employee (the individual responsible for completing the performance evaluation or giving daily work instructions).
Grievance – Written complaint on the Grievance Form stating the nature of the claim, the facts in support of the claim, and the relief requested.

Hearing – A meeting of the parties to a grievance wherein a third party appointed by the Commonwealth’s Office of Equal Employment and Dispute Resolution responds to the grievance.

Hearing Officer – Third party official appointed by the Commonwealth’s Office of Equal Employment and Dispute Resolution who conducts the grievance hearing session and renders a ruling on the grievance matter.

Second-Step Respondent – The Dean or Director.

Third-Step Respondent – The Vice President or comparable senior administrator.

Written Notice – Formal disciplinary documentation that is issued when counseling has failed to correct misconduct or performance problems or when an employee commits a more serious offense. A Written Notice may be accompanied by additional actions including suspension, a demotion or transfer with reduced responsibilities and disciplinary salary action, a transfer to an equivalent position in a different work area, or termination. Written Notices are organized into three groups according to the severity of the misconduct or behavior.

D. SCOPE

This policy applies to all non-probationary classified employees subject to the provisions of the Virginia Personnel Act.

E. POLICY STATEMENT

The University and the Commonwealth encourage resolution of employee problems and complaints wherein employees can freely discuss their concerns with immediate supervisors and upper-management levels. It is the policy of Old Dominion University to support employees and management in the fair and prompt resolution of complaints arising in the workplace by properly administering the Classified Employee Grievance Policy and Procedure.

F. PROCEDURES

When an employee is unable to resolve a complaint informally, he/she can file a formal grievance in accordance with the Commonwealth’s Office of Equal Employment and Dispute Resolution Grievance Procedure Manual.

1. A grievance shall be a complaint or dispute of an employee relating to employment. Not all grievances proceed to a hearing. Only grievances that challenge certain actions qualify for a hearing.

   a. Actions that automatically qualify

      i. Formal discipline (a Written Notice)
      ii. Dismissal for unsatisfactory performance
b. Actions that may qualify

The grievance should qualify for a hearing if (i) it claims, and (ii) the facts taken as a whole raise a sufficient question as to whether an adverse employment action has occurred as a result of one or more of the following:

i. Unfair application or misapplication of state and agency personnel policies, procedures, rules, and regulations.
ii. Discrimination on the basis of race, color, religion, political affiliation, age, disability, national origin or sex;
iii. Arbitrary or capricious performance evaluation;
iv. Retaliation for participating in the grievance process, complying with any law or reporting a violation of such law to a governmental authority, seeking to change any law before Congress or the General Assembly, reporting an incidence of fraud, abuse, or gross mismanagement, or exercising any right otherwise protected by law; or
v. Informal discipline - for example, terminations, transfers, assignments, demotions, and suspensions that are not accompanied by formal discipline (a Written Notice) but are taken primarily for disciplinary reasons.

c. Actions that do not qualify

Claims that relate solely to the following issues do not qualify for a hearing:

i. Establishment or revision of wages, salaries, position classifications, or general benefits;
ii. Contents of statutes, ordinances, personnel policies, procedures, rules, and regulations;
iii. Means, methods, and personnel by which work activities are undertaken;
iv. Hiring, promotion, transfer, assignment and retention of employees;
v. Termination, layoff, demotion, or suspension from duties because of lack of work, reduction in workforce, or job abolition;
vi. Work activity accepted by an employee as a condition of employment or which reasonably may be expected to be a part of the content of the job;
vii. Relief of employees from duties in emergencies; or
viii. Informal supervisory actions – for example, interim evaluations, counseling memoranda (including “Formal (Written) Counseling” under the Standards of Conduct), and oral reprimands.

The fact that the claim challenges an action under F.1.c. does not preclude it from qualifying if it would otherwise qualify under F.1.b.

An employee’s grievance must be presented to management within 30 calendar days of the date the employee knew or should have known of the management action or omission being grieved.

2. The grievance procedure consists of four levels:

a. Management Resolution Steps – Old Dominion University has designated the following management step respondents:
i. First Resolution Step – Immediate supervisor
ii. Second Resolution Step – Dean or Director
iii. Third Resolution Step – Vice President or comparable senior administrator

b. Qualification for a Hearing – Qualification is determined by the President based upon guidelines provided in the Grievance Procedure Manual.

c. Hearing – Conducted locally by a third party appointed by the Commonwealth’s Office of Equal Employment and Dispute Resolution.

d. Review of Hearing Decisions – Administrative and judicial reviews are available to the grievant and the agency and are described in the Grievance Procedure Manual.

3. The Commonwealth’s Office of Equal Employment and Dispute Resolution charges a flat-rate fee to an agency for the services of the hearing officer. This fee is paid by the ODU department where the grievant works or worked.

4. Complete procedures concerning the classified employee grievance process, including definitions of the management steps, prescribed timeframes for action, the hearing and forms are available in the ODU Department of Human Resources or from the Commonwealth’s Office of Equal Employment and Dispute Resolution.

G. RECORDS RETENTION

Grievance records are retained for five years after the process is closed and then destroyed in compliance with the Commonwealth’s Records Retention and Disposition Schedule (General 103, Series 100490).

H. RESPONSIBLE OFFICERS

Director of Human Resources for Employee Relations and Strategic Initiatives

I. RELATED INFORMATION

Commonwealth’s Office of Equal Employment and Dispute Resolution Grievance Procedure Manual
POLICY HISTORY
************************************************************************
Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ JaRenae E. Whitehead __________________________ February 9, 2018 __________________________
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks __________________________ September 26, 2017 __________________________
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin __________________________ February 9, 2018 __________________________
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ James D. Wright __________________________ February 12, 2018 __________________________
University Counsel Date

Presidential Approval:

/s/ John R. Broderick __________________________ February 14, 2018 __________________________
President Date

Policy Revision Dates: December 1, 1988; June 20, 2010; February 14, 2018

Scheduled Review Date: February 14, 2023
A. PURPOSE

The purpose of this policy is to adopt and implement a program to educate the University community about the unlawful possession, use or distribution of illicit drugs or alcohol and the resulting penalties.

B. AUTHORITY

Code of Virginia Section 23.1-1301, as amended, grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

34 Code of Federal Regulations 86 implemented pursuant to the Drug Free Schools and Communities Act, 20 U.S.C. 1145 (g)

Virginia Department of Human Resource Management Policy 1.05 – Alcohol and Other Drugs

C. DEFINITION

Controlled Substance - A drug, substance, or immediate precursor in Schedules I through VI of Chapter 34 of the Code of Virginia, but does not include distilled spirits, wine, malt beverages, or tobacco. Code of Virginia Section 54.1-3401, as amended.

Illicit Drugs - Both controlled substances and imitation controlled substances.

Imitation Controlled Substance - A pill, capsule, or tablet or substance in any form whatsoever that is not a controlled substance, but which is subject to abuse. Code of Virginia Section 18.2-247, as amended.

D. SCOPE

This policy applies to all employees, students, agents, volunteers, employees of affiliated organizations who are paid through the University, and visitors to the institution. Employees include all staff, administrators, faculty, full- or part-time, and classified or non-classified persons who are paid by the University. Students include all persons admitted to the University who have not completed a program of study for which they were enrolled; student status continues...
whether or not the University’s programs are in session. Agents include all persons authorized to represent, act on behalf of, and/or bind the University. Affiliated organizations are separate entities that exist for the benefit of the University through an operating agreement and include the Foundations, the Community Development Corporation, and the Alumni Association. Visitors include vendors and their employees, parents of students, volunteers, guests, uninvited guests and all other persons located on property owned, leased, or otherwise controlled by the University.

E. POLICY STATEMENT

The U.S. Department of Education’s Drug Free Schools and Communities Act requires that as a condition of receiving any form of financial assistance under any Federal program, an institution of higher education must adopt and implement a program to prevent the unlawful possession, use, manufacture or distribution of illicit drugs and alcohol by students and employees. This policy establishes the required components of that program.

University policy prohibits the unlawful possession, use, manufacture or distribution of illicit drugs and alcohol, and drunken or disorderly behavior on property owned or controlled by the University or at functions sponsored or supervised by the University. Certain residence halls prohibit the consumption of alcohol. In all other residence halls, students may consume alcoholic beverages in residence hall rooms only if they have reached the legal drinking age of 21. The use or possession of alcoholic beverages in public areas is strictly prohibited unless specifically authorized in writing by the Dean of Students or designee. Employees may only be authorized to consume alcoholic beverages on campus at events approved by the appropriate Dean, Vice President or the President.

Local, State and Federal Legal Sanctions

Those found in violation of this policy are subject to the following local, State and Federal laws:

1. Controlled Substances

   a. Distribution

      Except as authorized in the Drug Control Act, Code of Virginia, Chapter 34, Section 54.1-3400 through 54.1-3472, as amended, it shall be unlawful for any person to manufacture, sell, give, distribute or possess with intent to manufacture, sell, give or distribute a controlled substance or an imitation controlled substance. Code of Virginia Section 18.2-248, as amended.

      Upon conviction, the legal sanctions imposed for a violation of Code of Virginia Section 18.2-248, as amended, are as follows:

      i. With respect to controlled substances in Schedules I or II, imprisonment for not less than five nor more than 40 years and a fine of not more than $500,000; for a second or subsequent conviction of a violation involving an opiate or synthetic opiate drug (Schedule I or II) a sentence of imprisonment for life, or for any period not less than five years, and a fine of not more than $500,000 may be imposed. A person convicted of a third or subsequent offense shall be sentenced to imprisonment for life or for a period of not less than 10 years, 10 years of which shall be a mandatory minimum term of imprisonment to be served consecutively
with any other sentence, and he or she shall be fined not more than $500,000.  
**Code of Virginia Section 18.2-248, as amended.**

ii. If a person proves that he or she gave, distributed or possessed with intent to give or distribute a controlled substance classified in Schedule I or II only as an accommodation to another individual who is not an inmate in a community correctional facility, local correctional facility or state correctional facility... or in the custody of an employee thereof, and not with intent to profit thereby from any consideration received nor to induce the recipient or intended recipient of the controlled substance to use or become addicted to or dependent upon such controlled substance, he or she shall be guilty of a Class 5 felony.  **Code of Virginia Section 18.2-248, as amended.**

Under Virginia law a Class 5 felony conviction carries a punishment of imprisonment not less than one year nor more than 10 years, or a jury or court may confine the convicted violator in jail for not more than 12 months and impose a fine not more than $2,500, either or both.

A person who violates **Code of Virginia Section 18.2-248, as amended** with respect to a controlled substance classified in Schedules III, IV, or V shall be guilty of a Class 1 misdemeanor.

iii. Under Virginia law a conviction for a Class 1 misdemeanor carries a penalty of confinement in jail for not more than 12 months and a fine of not more than $2,500, either or both.

A person who violates **Code of Virginia Section 18.2-248, as amended,** with respect to an imitation controlled substance shall be guilty of a Class 1 misdemeanor.

b. Possession

It is unlawful to knowingly or intentionally possess a controlled substance unless the substance is obtained directly from, or pursuant to, a valid prescription or license of a practitioner or researcher while acting in the course of his or her professional practice or research, or as authorized by the Drug Control Act.  **Code of Virginia Section 18.2-250, as amended.**

Penalties upon conviction for violations of **Code of Virginia Section 18.2-250, as amended,** are:

i. Controlled substances in Schedule I and II of Drug Control Act - Class 5 Felony

ii. Controlled substances in Schedule III - Class 1 Misdemeanor. (For Class 1 misdemeanors, confinement in jail for not more than 12 months and a fine of not more than $2,500, either or both.)

iii. Controlled substances in Schedule IV - Class 2 Misdemeanor (confinement in jail for not more than six months and a fine of not more than $1,000, either or both)

iv. Controlled substances in Schedule V - Class 3 Misdemeanor (fine of not more than $500)

v. Controlled substances in Schedule VI - Class 4 Misdemeanor (fine of not more than $250)
2. Marijuana
   
a. Manufacture, Sale/Distribution

   Except as authorized in the Drug Control Act, Code of Virginia, Chapter 34, Section 54.1-3400 through 54.1-3472, as amended, it shall be unlawful for any person to sell, give, distribute or possess with intent to sell, give or distribute marijuana. Code of Virginia Section 18.2-248.1, as amended.

   Penalties upon conviction for violations of Code of Virginia Section 18.2-248.1, as amended, are:

   i. Not more than one-half ounce of marijuana - Class 1 misdemeanor;
   ii. More than one-half ounce but not more than five pounds of marijuana - Class 5 felony;
   iii. More than five pounds of marijuana - felony conviction punishable by imprisonment of not less than five nor more than 30 years.

   If such a person proves that he or she gave, distributed or possessed with intent to give or distribute marijuana only as an accommodation to another individual and not with intent to profit thereby from any consideration received or expected nor to induce the recipient or intended recipient of the marijuana to use or become addicted to or dependent upon such marijuana, he or she shall be guilty of a Class 1 misdemeanor. Code of Virginia Section 18.2-248.1, as amended.

   Any person who manufactures marijuana, or possesses marijuana with the intent to manufacture such substance, not for his own use is guilty of a felony punishable by imprisonment of not less than five nor more than 30 years and a fine of not to exceed $10,000.

b. Possession

   It is unlawful for any person to knowingly or intentionally possess marijuana unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his or her professional practice, or except as otherwise authorized by the Drug Control Act.

   Conviction of a violation of Code of Virginia Section 18.2-250.1, as amended is a misdemeanor penalized by confinement in jail not more than 30 days and a fine of not more than $500, either or both; any person, upon second or subsequent conviction, is guilty of a Class 1 Misdemeanor. Code of Virginia Section 18.2-250.1, as amended.

3. Alcohol

   Alcoholic beverages include alcohol, spirits (mixed drinks), wine (containing 3.2 percent or more of alcohol by weight) and beer (includes ale, porter, stout). Code of Virginia Section 4.1-100, as amended.
a. Sale/Possession

Code of Virginia Section 4.1-307, as amended, provides:

No person shall permit anyone employed by him or her under the age of (i) 18 years to sell, serve or dispense in any manner alcoholic beverages for on-premises consumption, except pursuant to subdivisions 1 through 5 of Code of Virginia Section 4.1-200, as amended, or (ii) 21 years to prepare or mix alcoholic beverages in the capacity of bartender.

Any person convicted of a violation of this section shall be guilty of a Class 1 misdemeanor.

Code of Virginia Section 4.1-305, as amended, states:

No person to whom an alcoholic beverage may not lawfully be sold under Code of Virginia Section 4.1-304, as amended, shall consume, purchase or possess or attempt to consume, purchase or possess, any alcoholic beverage, except (i) pursuant to subdivisions 1 through 7 of Code of Virginia Section 4.1-200, as amended; (ii) where possession of the alcoholic beverages by a person less than 21 years of age is due to such person's making a delivery of alcoholic beverages in pursuance of his or her employment or an order of his or her parent; or (iii) by any State, Federal, or local law-enforcement officer when possession of an alcoholic beverage is necessary in the performance of his or her duties. Such person may be prosecuted either in the county or city in which the alcohol was possessed or consumed or in the county or city in which the person exhibits evidence of physical indicia of consumption of alcohol. It shall be an affirmative defense to a charge of a violation of this subsection if the defendant shows that such consumption or possession was pursuant to subdivision 7 of Code of Virginia Section 4.1-200, as amended.

No person under the age of 21 years shall use or attempt to use any (i) altered, fictitious facsimile or simulated license to operate a motor vehicle, (ii) altered, fictitious, facsimile or simulated document, including, but not limited to a birth certificate or student identification card, or (iii) motor vehicle operator's license, birth certificate or student identification card of another person in order to establish a false identification or false age for himself or herself to consume, purchase or attempt to consume or purchase an alcoholic beverage.

Any person found guilty of a violation of this section shall be guilty of a Class 1 misdemeanor. Upon conviction, (i) such person shall be ordered to pay a mandatory minimum fine of $500 or ordered to perform a mandatory minimum of 50 hours of community service as a condition of probation supervision and (ii) the license to operate a motor vehicle in the Commonwealth of any such person age 18 or older shall be suspended for a period of not less than six months and not more than one year; the license to operate a motor vehicle in the Commonwealth of any juvenile shall be handled in accordance with the provisions of Code of Virginia Section 16.1-278.9, as amended. The court, in its discretion and upon a demonstration of hardship, may authorize an adult convicted of a violation of this section the use of a restricted permit to operate a motor vehicle in accordance with the provisions of subsection E of Code of Virginia Section 18.2-271.1, as amended, or when referred to a local community-based probation services agency established pursuant to Article 9 (Code of Virginia Section 9.1-173 et seq., as amended) of Chapter 1 of Title 9.1. During the period of license suspension, the court may require an adult who is issued a restricted permit under the provisions of this subsection to be (a) monitored by an alcohol safety action program, or (b) supervised by a local
community-based probation services agency established pursuant to Article 9 (Code of Virginia Section 9.1-173 et seq., as amended) of Chapter 1 of Title 9.1, if one has been established for the locality. The alcohol safety action program or local community-based probation services agency shall report to the court any violation of the terms of the restricted permit, the required alcohol safety action program monitoring or local community-based probation services and any condition related thereto or any failure to remain alcohol-free during the suspension period.

Any alcoholic beverage purchased or possessed in violation of this section shall be deemed contraband and forfeited to the Commonwealth in accordance with Code of Virginia Section 4.1-338, as amended.

F. PROCEDURES

1. Disciplinary Sanctions

The University provides all reasonable assistance to faculty, staff, and students in dealing with alcohol and drug problems. For employees, the imposition of disciplinary sanctions will occur only after an individual is offered an opportunity to correct and fails to effectively deal with his or her problem or when the employee has committed a serious violation of University policy or Federal/State law. Students shall be subject to sanctions for violations of the University’s Code of Student Conduct.

Disciplinary sanctions for employees and students engaged in the unlawful possession, use, manufacture or distribution of illicit drugs or alcohol on University property are as follows:

a. Employees

Sanctions for such violations for faculty and faculty administrators shall be in accordance with the rules specified in the Teaching and Research Faculty Handbook or the Administrative and Professional Faculty Guidebook. Classified and wage employee sanctions for such violations shall be in accordance with the Virginia Department of Human Resource Management Policy 1.60 - Standards of Conduct.

Specific acts subject to disciplinary action include:

i. The unlawful or unauthorized manufacture, distribution, dispensation, possession or use of alcohol or illicit drugs in the workplace, on University property or as part of any University activity.

ii. Reporting to or remaining at work impaired by or under the influence of alcohol or illicit drugs.

iii. An action that results in criminal conviction for:

   a) A violation of any criminal drug law, based upon conduct occurring either on or off the workplace, or
   b) A violation of any alcoholic beverage control law, or law that governs driving while intoxicated, for conduct occurring in the workplace.

iv. The failure to report to the supervisor, in writing, that the employee was convicted of any offense as defined in item 3 above, within five (5) calendar days of the conviction.
Employees who commit the above offenses are subject to disciplinary action up to and including discharge and participation in a drug abuse assistance or rehabilitation program at the discretion of management.

Supervisors should contact the Director of Human Resources for Strategic Initiatives and Employee Relations for guidance within five days of being notified of an employee’s conviction.

b. Students

Student conduct action up to and including conduct expulsion is administered in accordance with the rules specified in the Code of Student Conduct and Terms and Conditions of the Housing and Dining Agreement. Sanctions may otherwise include (but are not limited to) conduct probation, parental notification (for students under 21 at the time of the notification), and conduct suspension. Mandatory alcohol or drug education and/or counseling may also be a required portion of the sanction.

2. Available Drug or Alcohol Counseling and Treatment

The Employee Assistance Program (EAP) is a confidential counseling, assessment, and referral service developed to help state employees cope with drug and alcohol as well as other problems. Services are confidential and without charge. The EAP is available to all employees and their family members who are enrolled in one of the State’s health benefits plans (COVA HealthAware, COVA Care or COVA HDHP). To access the EAP, employees should call the telephone number on the back of the COVA card or contact the Department of Human Resources for the number.

Students who wish help with drug and alcohol problems can contact the Old Dominion University Office of Counseling Services at 683-4401. Counseling services are available to all students on a scheduled appointment basis.

In addition to the above services, many community resources are available to provide services to faculty, staff and students experiencing drug and alcohol problems. The Office of Counseling Services can provide information regarding these services.

A condensed version of this policy, as well as information about risks of alcohol and specific illicit drugs, shall be distributed annually to every Old Dominion University employee and student in accordance with the Drug Free Schools and Communities Act. The Office of Human Resources shall be responsible for distribution to employees, and the Division of Student Engagement & Enrollment Services shall be responsible for distribution to students.

G. RECORDS RETENTION

Applicable records must be retained and then destroyed in accordance with the Commonwealth’s Records Retention Schedules.
H. RESPONSIBLE OFFICER

Associate University Counsel

I. RELATED INFORMATION

N/A
POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

/s/ James D. Wright.........................August 7, 2018
Responsible Officer Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks.........................March 27, 2018
Chair, Policy Review Committee (PRC) Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ September Sanderlin....................July 17, 2018
Responsible Oversight Executive Date

University Counsel Approval to Proceed:

/s/ R. Earl Nance..........................August 7, 2018
University Counsel Date

Presidential Approval:

/s/ John R. Broderick......................August 9, 2018
President Date

Policy Revision Dates: October 10, 1990; July 23, 2010; August 9, 2018

Scheduled Review Date: August 9, 2023