Regular Professional Support Staff - Collective Bargaining Agreement

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - PERSONNEL

BOT 4.1.1

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.1 Personnel Administration. Personnel Administration is a service activity in which each appointing officer has a role. The authority over the personnel program resides in the Board of Trustees, although the president, as agent of the board, and other Executive Officers may designate ("appointing officers") have the authority to make appointments within the approved personnel program. Centralized within the Human Resources office is the responsibility and advisory authority to determine that the philosophy and policies of the personnel program are effectively applied.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - EQUAL OPPORTUNITY

BOT 4.1.2

Date of Last Update:
June 11, 2025

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.2 Equal Opportunity.

The president and other officers to whom the President designates authority for personnel actions are responsible for the enthusiastic application of all laws and regulations concerning fair employment practices, equal opportunity, etc., to all matters with respect to recruitment, appointment, assignment, and promotion of university's personnel. Matters of antidiscrimination are outlined in the "Antidiscrimination Program" maintained by the EEO Officer.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - UNIVERSITY RESPONSIBILITIES

BOT 4.1.3

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.3 University Responsibilities

The President and other officers to whom the President designates authority are responsible for administering the university and its property, supervising its operations, assigning and directing its faculty and staff, changing or introducing new operations, methods, or facilities, appointing, assigning, or disciplining faculty and staff members, subject to the guidelines herein set forth, and establishing such procedures which may be needed from time to time. For purposes of this Section 4.1, "faculty and staff" shall mean an employee covered by Section 4 of the Board of Trustees' Policies.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - DISCIPLINARY PROCEDURE

BOT 4.1.4

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.4 Disciplinary Procedure

The President and other administrators to whom the President designates authority are responsible for discipline which normally shall be corrective rather than punitive in nature. A typical procedure for disciplinary action will be, depending on the seriousness or frequency of the cause, an oral discussion, a written warning, disciplinary lay-off without pay, and dismissal. All disciplinary actions are subject to the appropriate grievance procedure.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - PERSONNEL INFORMATION

BOT 4.1.5

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.5 Personnel Information All personnel information and files maintained by the University are the confidential property of the University and are maintained in the Human Resources office and within the department within which a faculty or staff member works. Faculty and staff members can expect that a right to a reasonable degree of privacy will be honored and that the confidential character of certain personnel data will be respected as such. Generally, release of information and/or access to such information should be restricted in accordance with the policies of the University. Whenever possible, information released for public purposes shall be in a form which will protect the anonymity of the individual; however, as of October 1979, Michigan law does require that salary information be available to the public. All personnel information collected shall be pertinent to the needs of the University. Access to personnel files is limited to those persons responsible for personnel and the faculty or staff member's supervisor. Letters of recommendation are the confidential property of the provider. A faculty or staff member will not be given access to letters of recommendation concerning themselves unless the provider of such recommendation agrees, in writing, to allow such access. All personnel records will be retained for the length of the faculty or staff member's service and thereafter in compliance with all applicable federal, state and local laws. Temporary records such as insurance claims will be maintained only so long as they have a useful life. Records of terminated faculty and staff members will be maintained for a minimum of seven years and thereafter only those portions having a useful life will be maintained. Information of an official nature for state and federal agencies will be provided to the extent of the matter at hand and within the limits of the law. No anonymous information will be maintained in the files. Records of disciplinary actions will be placed in the personnel files only after the individual has had an opportunity to view a copy. The University will provide prospective employers with title, employment dates, and eligibility for rehire status only, unless additional information is requested by the faculty or staff member or former faculty or staff member. Recommendations by individual supervisors may be made at their own discretion and at their own risk, recognizing that the University may be responsible for the information given.

Personnel files may include, but are not limited to, payroll information and documentation, records of employment actions and documentation, records required by federal, state and local law, employment applications, vitae and resumes, recommendations, interview comments, fringe benefit information, merit and performance evaluation, records and documentation of disciplinary actions, official transcripts of baccalaureate or post baccalaureate degrees and such other information as may be needed from time to time. Other files maintained in accordance with the faculty appointment and evaluation policy and covered by the limitations expressed in that policy may be housed elsewhere.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - CONFLICT OF INTEREST

BOT 4.1.6

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.6 Conflict of Interest

4.1.6.1 Employment. Appointment of any relative of a faculty or staff member must be approved by the President in advance of the appointment in order to ensure that no conflicts of interest exist. Each Appointing Officer must ensure that no conflicts of interest exist in matters of appointment, retention, promotion, termination, assignment or other conditions of employment for relatives of faculty or staff members within his or her unit.

4.1.6.2 Financial. It shall be the responsibility of the President (or designee) to ensure that conflicts of financial interest do not occur, and to take such steps to protect the University as seem to be required. The University respects the rights of its faculty and staff members in their activities outside their employment which are private in nature and which in no way conflict with or reflect upon the University.

4.1.6.3 Political Candidates or Office Holder. The University affirms the rights of its faculty and staff members as citizens to be active in political affairs which do not conflict with the professional standards and ethics of their employment. It shall be the responsibility of the President (or designee) to ensure that conflicts involving professional standards and ethics do not occur with University faculty and staff members who are political candidates or office holders, and to take such steps to protect the University as may be required.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - EMERITUS APPOINTMENT

BOT 4.1.7

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.7 Emeritus Appointment

Any retired faculty or staff member of the University who has made a significant contribution to the University through a reasonable period of service is eligible for emeritus status with an emeritus title usually conforming to that held at retirement. The President's recommendation to the Board of Trustees will be made after consultation with the Appointing Officer, colleagues and vice-president. This recommendation may be made posthumously if all other criteria except retirement status have been met. In its sole judgment, the Board of Trustees reserves the right to revoke emeritus status. Emeriti will be appointed without compensation.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - HONORARY TITLES

BOT 4.1.8

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.8 Honorary Titles

Persons who are performing significant services to the University may be given an honorary title conforming to the service performed upon recommendation of the President to the Board of Trustees. Honorary faculty and staff will be listed in appropriate publications, may participate in commencement, use library facilities, and will be encouraged to take an active role in the University. They will be appointed without compensation. The duration of an honorary appointment shall coincide with the period of service rendered.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - VERIFICATION OF CREDENTIALS

BOT 4.1.9

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.9 Verification of Credentials

All advanced degrees recognized by the University must be earned from institutions approved by recognized accrediting bodies. In the case of foreign degrees, a formal evaluation will be made by the Appointing Officer to determine equivalency with degrees awarded in the United States.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - OBLIGATIONS OF APPOINTEES

BOT 4.1.10

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.10 Obligations of Appointees As the result of accepting an appointment, the recipient becomes obligated to comply with all policies and regulations of the University applicable to the position including those in effect at the time of appointment and those duly adopted and issued thereafter. This obligation does not contravene the appointee's rights of academic freedom or the express terms and conditions of the appointment. Among such policies are the following:

4.1.10.1 Outside employment. Since faculty and staff members are required to fulfill their responsibilities completely and effectively, any outside employment which a faculty or staff member wishes to undertake must be approved in advance by the Appointing Officer.

4.1.10.2 Rights in published material, inventions and secret processes. The University seeks to promote the public good through excellence in teaching, active scholarship, and service. In the course of these activities, faculty, staff, and students create Intellectual Property that may be eligible for copyright, patent, and other forms of legal protection. In order to reinforce the fairness of mutual commitment and in the spirit of academic freedom, the University recognizes the rich and varied products of individual scholarship, in all its manifestations, are rightly the property of the Creator except as otherwise defined by this Section 4.1.10.2. The University also recognizes that Intellectual Property should remain available for the benefit of the entire University community and that the Creators shall not use Intellectual Property in conflict or competition with the University. Therefore, the University community seeks to establish an environment in which the creation of Intellectual Property is suitably recognized as an academic achievement and in which the benefits of intellectual property to the creators, the University community, and the general public are optimized.

A. **Ownership.** All Intellectual Property shall be owned by its Creators when such Intellectual Property is not considered 1) work made for hire; 2) expressly assigned or commissioned by the University; 3) grant or contract funded through the University; or 4) to require more than nominal use of University resources. Irrespective of ownership, Creators shall disclose promptly and with full disclosure, in the manner prescribed by the University in order to protect confidentiality of the Intellectual Property, to the Finance and Administration Office any Intellectual Property discovered or created as a result of 1) work made for hire; 2) expressly assigned or commissioned by the University; 3) grant or contract funded through the University; or 4) more than nominal use of University resources. The President or designee by written agreement is authorized to make exceptions to this paragraph.

B. **Right to use.** In the event the Intellectual Property is owned by the Creator but involved University resources in the discovery or creation of the Intellectual Property, the University will retain a non-exclusive license to use the Intellectual Property within the University provided attribution is given to the Creator(s) of the Intellectual Property. In the event the Creator leaves the employ of the University, the University shall be able to modify the Intellectual Property for use within the University.

C. **Commercial Application.** Three options for the commercialization of a technology are noted below. The option will be chosen by Creator(s) and the Finance and Administration Office jointly, prior to the expenditure of substantial University resources. The option chosen should be that which best serves the mission of the University, including the objectives of this policy, and which is consistent with the available technology transfer resources of the University. The following three options for commercialization are available:

1. Licensing Third Parties. The University may license or assign Intellectual Property to external entities for further development and commercialization in exchange for a return on resulting revenues. The University and Creator shall divide the return on resulting revenues using one of the two formulas as follows:

   i. The University and the Creator divide the gross revenue 70% to the University and 30% to the Creator but the University assumes the expenses related to legal protection, marketing and commercialization and licensing and other transactional expenses related to the Intellectual Property; or,

   ii. The University and the Creator divide the net revenue 50% to the University and 50% to the Creator but the University first recovers its expenses related to legal protection, marketing and commercialization and licensing and other transactional expenses related to the Intellectual Property.

If the University decides not to protect or license the Intellectual Property, or subsequently decides to not pursue commercialization of the Intellectual Property it may be reassigned to the Creator(s), upon request, in accordance with option 3 below.

2. Licensing Business Entities in which a Creator holds an ownership or management interest. The University or an affiliated entity may enter into license agreements with business entities in which the Creator holds an ownership interest. The terms may include royalty payment, equity interest, or a combination thereof.

3. Reassignment of ownership to Creator. The University may reassign ownership of Intellectual Property to Creator(s) who elects to market and protect the Intellectual Property. The return to the University for a reassignment of ownership will be ten percent (10%) of the net revenue generated by the Intellectual Property.

D. **Definitions.**

1. "Creator" shall mean a faculty or staff member who invents, discovers or creates Intellectual Property using University resources.

2. "Intellectual Property" shall mean Academic Works and Technical Works.

3. "Academic Works" shall mean Intellectual Properties that are artistic, scholarly, instructional or entertainment in nature and are not Technical Works. Academic Works include instructional materials, books, journal articles, written reports of research to the extent that they do not contain Technical Works, creative writings, manuscripts, music and art work

4. "Technical Works" shall mean Intellectual Properties that are generally of a scientific, engineering or technical nature such as patentable or unpatentable inventions, devices, machines, processes, methods, invented or manufactured substances, and computer software.

5. "Nominal Use of University Resources" shall mean use that is customary or usual within the faculty, staff and student's appointment and assignment such as the use of an assigned office, computer, computing network, photocopier or similar reproduction device, telephone or similar telecommunication device, and office supplies in the ordinary support of his or her teaching, scholarly activities and service.

4.1.10.3 Oath of Teachers. Before serving in a teaching position, an appointee will have taken and subscribed the following oath or affirmation as required by Act 23 of the Public Acts of 1935: "I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Michigan, and that I will faithfully discharge the duties of my position according to the best of my ability."

4.1.10.4 Research Integrity. Research, scholarship and creative activities are central to fulfilling the mission of the University. It is policy of the University that all employees, students, partners and affiliates always perform their roles related to research, scholarship and creative activity with ethical integrity. This requirement reflects a culture publicly committed to developing and fostering the highest standards of professional ethics. Research integrity is demonstrated in the decisions and actions that exemplify our core ethical values. The core ethical values in research related activities, including scholarship and creative performance, include: 1) truthfulness and honesty; 2) non-maleficence and beneficence; 3) trustworthiness, reliability, confidentiality, respect, and collegiality; and 4) accountability.

1. Truthfulness and Honesty. Intellectual and creative activities require thoroughgoing truthfulness and honesty in proposing, conducting and reporting research related activities, scholarship and artistic performance.
2. Non-maleficence and Beneficence. Endeavors involving human or animal subjects require balancing non-maleficence with beneficence in minimizing burdens to research subjects in relation to the potential benefits to those subjects and others.

3. Trustworthiness, Reliability, Confidentiality, Respect, and Collegiality. Research integrity requires trustworthiness and reliability in recognizing and building on the prior work of others, confidentiality in peer review and assessment, and respect and collegiality in interactions with colleagues and students.
4. Accountability. The broader community's welfare depends upon explicit researcher accountability for all research, scholarship and creative performance related activities, and for reporting misconduct about which one has direct knowledge.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - PARKING

BOT 4.1.11

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.11 Parking

The university provides free open reserved parking as near to the faculty or staff member's work station or office as possible.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - KEYS

BOT 4.1.12

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.12 Keys

All faculty and staff members are issued keys and other equipment needed in the performance of their duties. All keys and such equipment must be used only as authorized and must be returned to the University upon termination of employment.

GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF - IDENTIFICATION CARDS

BOT 4.1.13

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.1.13 Identification Cards

Each faculty or staff member will be issued an identification card which must be surrendered upon termination. This card can be used for any purpose, at the University, requiring identification.

PERSONNEL POLICIES FOR PROFESSIONAL SUPPORT STAFF

BOT 4.6

Date of Last Update:
June 25, 2021

Approved By:

- Board of Trustees

Responsible Office:
Office of General Counsel

POLICY STATEMENT

4.6

All policies for Professional Support Staff will be governed by the provisions of the collective bargaining agreement as ratified by the Board Policy 7.10.

HONORARY NAMING OF A PORTION OF A GVSU FACILITY POLICY

SLT 2.1

Date of Last Update:
June 30, 2014

Approved By:

- Senior Leadership Team

Responsible Office:
Office of the President

POLICY STATEMENT

Only in exceptional circumstances where a former member of the Grand Valley State University community has made an extraordinary, significant, positive, contribution will a portion of a facility be named for such a person. A portion of a facility may be a classroom, laboratory, conference room or similar space.

PROCEDURES

- Nominations must be made in writing to the appropriate Vice President. With the support of the Vice President, the nomination will be forwarded to the Executive Associate to the President. The Executive Associate to the President will bring the nomination to the Senior Leadership Team who will review and give input to the President of the University. The President of the University will make the final determination on the naming of portions of facilities.
- A nominee will typically have been employed by Grand Valley State University for a minimum of 20 years. In special circumstances the 20-year minimum may be waived.
- The nominee must not be employed by the University at the time of the nomination. Nominations will be accepted only after a one-year waiting period following the end of the person's service.
- The nomination must include specific examples of the nominee's contributions to the University.
- The names of portions of facilities honoring former members of the University community shall be considered permanent as long as that portion of the facility exists or its purpose has not changed or the President subsequently determines otherwise.
- It is generally understood that entire University buildings or facilities will not be named in honor of a former member of the University community. (Please see Grand Valley State University Board of Trustees' Policies BOT 7.5.3, Naming of Buildings)
- Consideration for the naming of academic programs, centers, etc. will follow the same procedure as outlined above.

The President of the University will consider nominations in consultation with others at the university as appropriate. The final decision on the naming of a portion of a University facility will rest with the President of the University. The Executive Associate to the President will communicate the President's decision to the requesting party and the appropriate Vice President.

POLICY ON POLICIES

SLT 2.2

Date of Last Update:
January 11, 2021

Approved By:

- Senior Leadership Team

Responsible Office:
Office of the President

POLICY STATEMENT

The Grand Valley State University community will have access to clearly stated university-wide administrative policies, to be published as Grand Valley State University Policies on the University Web site. These policies will be:

- Formally approved and kept current
- Accessible to all parties in a centralized Grand Valley State University Policies website
- Communicated to operating units in a timely manner

PROCEDURES

A Policy is characterized by the following criteria:

- It is a governing principle that provides specific rules and provisions for implementing Board policies and setting expectations for the administrative operation of the University.
- It has institution-wide application.
- It enhances the University's mission and connects it to individual conduct.
- It helps ensure compliance with applicable laws and regulations and Grand Valley State University Board of Trustees policies, promotes operational efficiencies and reduces institutional risk.
- It may change infrequently and sets a course for the foreseeable future.
- It is approved by the President and/or the Senior Leadership Team.

There are many department-level policies that apply only to those within a department and do not meet all of the above criteria. Therefore, they are not considered to be Grand Valley State University Board of Trustees' Policies, and are not governed by this document. However, these policies may not conflict with the Board of Trustees' Policies or Senior Leadership Team (SLT) Policies.

The Grand Valley State University Board of Trustees' Policies will not include: curricular requirements for degrees, the basic terms and conditions of employment subject to collective bargaining, Academic & Student Affairs Policies as published in the Faculty Handbook and Student Code, Catalog, or division-wide policies (approved by a Vice President in consultation with the President).

Additional Policy Criteria for Vice Presidential Review

A Vice President or the Provost may use the following criteria in addition to the above policy definition when determining whether a proposed policy is suitable for consideration as a Grand Valley State University Policy:

I. People

- a. Does it impact inclusion or equity?
- b. Who will be affected; how many will be affected?
  - i. Students
  - ii. Faculty
  - iii. Staff
  - iv. External or internal audience
  - v. More than one department/division
  - vi. More than one campus

II. Money

- a. Is there a source of funding?
- b. Does it involve an expense or provide revenue?
  - i. One-time expense
  - ii. On-going expense
  - iii. Fee or refund involved

III. Space

- a. Does it affect or commit a use of space?
- b. Does it involve the use of University communication systems?

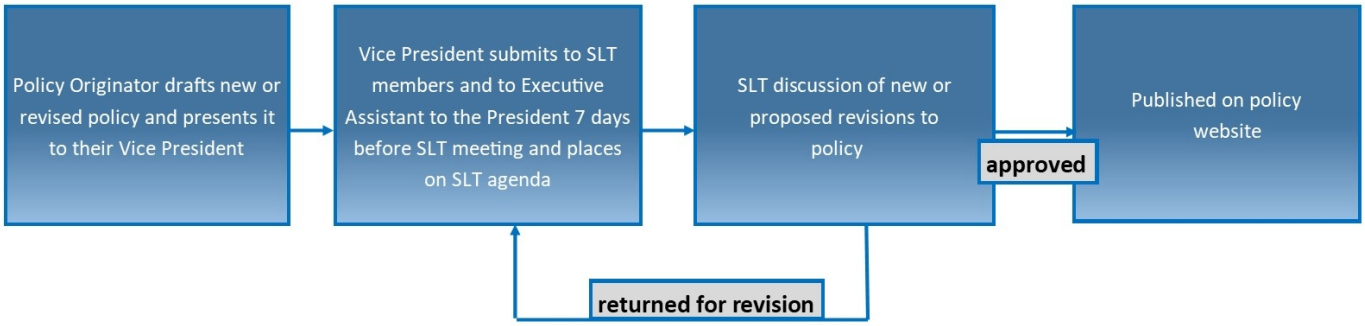
Policy Templates - Word and PDF Versions

Download Policy Flow Chart

IMAGES

Senior Leadership Team

Policy Review Flow Chart



January 8, 2021

POLICY FLOW CHART

SLT 2.3

Date of Last Update:
January 11, 2021

Approved By:

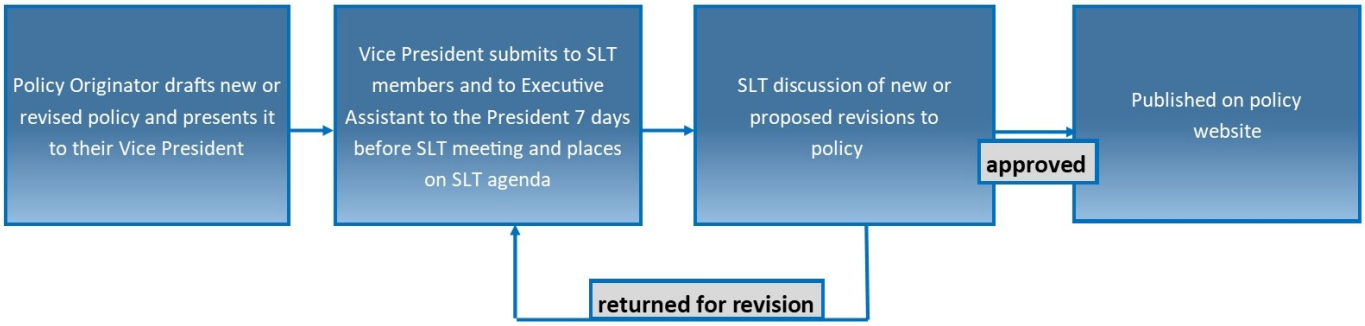
- Senior Leadership Team

Responsible Office:
Office of General Counsel

IMAGES

Senior Leadership Team

Policy Review Flow Chart



January 8, 2021

ART COLLECTION MAINTENANCE AND CARE POLICY

SLT 3.1

Date of Last Update:
December 05, 2014

Approved By:

- Senior Leadership Team

Responsible Office:
Art Gallery Department

POLICY STATEMENT

The Grand Valley State University art collection is made up of paintings, drawings, prints, sculptures, ceramics, textiles, and other works of art as defined by the Art Gallery Department but does NOT include plaques, signage, degrees, awards, and other similar items. The art collection is displayed on every University campus, and in nearly every University facility and building. Faculty and staff members, contractors, students, and other people with duties/responsibilities requiring them to come into contact with the University art collection are subject to the following policies and procedures to ensure that the University's legal, ethical, and fiduciary responsibilities for the safekeeping of these assets are maintained. For more details on all other internal art procedures, see the Art Gallery Collections Policy on the Art Gallery's website or contact the University Art Gallery at (616) 331–3638.

PROCEDURES

Maintenance and Care
All art at the University is to be cleaned, handled, installed, de-installed, and transported exclusively by the staff of the University Art Gallery. Other than representatives of the University Art Gallery, individuals must have written permission from the Director of Galleries and Collections, Assistant Director, or the Curator of Collections Management before handling or moving any pieces of the art collection.

Building Construction/Renovation Projects
The Director of Galleries and Collections or designee will call a meeting in December of each year with representatives from Facilities Services, Facilities Planning, and Auxiliary Services (Housing) for the purpose of identifying upcoming projects that will affect the art collection.

A follow-up meeting, called by Director of Galleries and Collections or designee, will take place in April of the next year for updating project status and will include a timeline for each project identified. Facilities Services Project Managers will be identified and included on the project lists.

The Director of Galleries and Collections, or designee, will attend the bi-monthly Facilities Project Status meetings to be kept up to date on all ongoing university construction projects and timelines.

The Art Gallery office will be alerted by a representative of Facilities Planning and Facilities Services as soon as reasonably possible for all, including last-minute, building project additions, deletions or changes. This includes a preferred art removal lead-time notice of no less than two weeks. This notice will be made directly by contacting the Art Gallery office.

The Art Gallery office will be contacted immediately in the event of an emergency (flood, fire, etc.) via a phone call if any piece of the art collection is in jeopardy of damage or destruction. The Art Gallery staff

will maintain a disaster and emergency preparedness plan (under development) for its collections and will make it accessible on its website.

Use and Access

The University art collection shall be accessible for research and study by responsible investigators, subject to procedures necessary to safeguard the objects, the space in which they are located, and to restrictions imposed by limitations of exhibition requirement, availability of study space and facilities, and availability of appropriate curatorial staff as determined by the curator/manager in charge of the collection. The entire University art collection is made digitally accessible through an online searchable database and mobile device applications. Information about both may be found online at the Art Gallery website, www.gvsu.edu/artgallery.

BRIDGE FUND REQUEST POLICY

SLT 3.2

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

Grand Valley State University does not encourage creating nor approving a Request to Add a New Fund (RANF) and establishing a FOAP prior to the official receipt of a fully executed award. A **fully executed** award is an externally sponsored agreement (grant, contract, or cooperative agreement) that is signed by the duly authorized official of both the external sponsor and Grand Valley State University. It is important to note that any expenses incurred prior to an award and without the appropriate approvals place the University at risk.

However, in some extraordinary situations, effective project management or research necessitates incurring expenses prior to the receipt of a fully executed award. In such cases, Principal Investigators may request a "bridge fund" be established in anticipation of the fully executed award. Principal Investigators should contact the Office of Sponsored Programs (OSP) to initiate a Bridge Fund Request.

PROCEDURES

In an effort to minimize the risk to the University, the Office of Sponsored Programs will verify with the sponsor the allowability of pre-award costs, the anticipated award amount, and the period of performance. Once OSP receives verification in writing from the sponsor's grants or contracts officer, the responsible Principal Investigator, Chair/Unit Head, Dean, and University Authorizing Official are all required to agree in writing to proceed with the expenditure of University funds in anticipation of the award. This agreement will be prepared by OSP in consultation with the Office of Business and Finance. It will be the responsibility of the Principal Investigator to obtain the required signatures of the appropriate Chair/Unit Head, Dean, University Authorizing Official, and Executive Officer (Office of the Provost).

The Bridge Fund Request will be processed in a manner similar to the Request to Add A New Fund. However, attached to the Bridge Fund Request will be:

1. Written verification from the sponsor (signed by the sponsor Grants/Contracts Officer) received by OSP
2. Bridge Fund Request Agreement signed by the Chair/Unit Head, Dean, and University Authorizing Official
3. A copy of the proposal application, narrative & budget

A Bridge Fund Request shall not exceed 15% of the anticipated GVSU award amount. The maximum allowable amount requested will be verified by OSP in consultation with the Office of Business & Finance. If the award is for multiple years, the Bridge Fund Request shall not exceed 15% of the anticipated GVSU award amount for the first year of the funding. Upon the official receipt of the fully executed award, the bridge fund transition into the official FOAP for the project.

Should funding not be received from the sponsor (e.g. the award start date is delayed, or the costs are determined to be unallowable, etc.) coverage of costs incurred on the project becomes the responsibility of the Department Chair/Unit Head having initiated and signed the initial Bridge Fund Request form.

This policy was effective August 1, 2007 and will be revisited for any revisions, changes, or sunset within one year of its effective date.

Contact Office of Sponsored Programs

Phone: (616) 331-6826

Website: http://gvsu.edu/grants

STANDARDS OF CONDUCT POLICY FOR EMPLOYEES

SLT 3.3

Date of Last Update:
July 10, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

A. Policy Statement

The Standards of Conduct for Employees Policy exists to support Grand Valley State University ("GVSU") community members in raising, responding to, and resolving applicable employee-related grievances.

GVSU expects all faculty and staff to maintain the highest standard of ethical and respectful conduct. As members of an academic community, we have a responsibility to abide by ethical principles regarding academic freedom, intellectual integrity, and the fair and respectful treatment of others. This policy reflects these principles. A violation of this policy occurs when it is determined that an individual has negatively impacted the workplace environment by failing to uphold these standards of conduct or abide by these guiding principles.

Upon finding a policy violation, the University may address and remediate this behavior through appropriate disciplinary measures up to and including termination of employment. Violations of this policy may be addressed in parallel with violations of other policies or laws as applicable. No part of this policy is intended to supersede federal, state, or local laws and regulations.

B. Standards of Conduct and Guiding Principles:

GVSU expects its employees to act in accordance with University Policies, applicable law, the University's mission, vision, and values, as well as GVSU employee core competencies. GVSU is guided by these principles as well as by principles of **Honesty, Integrity, Respect, and Professionalism**.

1. *Honesty*:

Honesty is the foundation of trust within the academic community. Faculty and staff are expected to behave honestly, including but not limited to:

- Communicating truthfully and transparently with students, colleagues, and community members.
- Accurately representing credentials, qualifications, data, and academic work.
- Avoiding plagiarism, misrepresentation of facts, and any form of academic or administrative fraud.
- Acknowledging mistakes and correcting them when discovered.

2. *Integrity:*

Integrity means aligning one's actions with ethical and professional standards, even in the face of pressure or personal interest. Faculty and staff are expected to behave with integrity, including but not limited to:

- Adhering to institutional policies, contractual obligations, and relevant legal requirements.
- Avoiding conflicts of interest and disclosing them when they arise.

- Upholding confidentiality and privacy, especially in handling student and personnel information.
- Refraining from using one's position for personal gain or unfair advantage.
- Being accountable by following through on words with actions.

3. *Respect*:

Respect is essential to maintaining a healthy and inclusive academic and workplace environment. Faculty and staff are expected to behave respectfully, including but not limited to:

- Treating all individuals, including students, colleagues, and community members with dignity, equity, and courtesy.
- Embracing diversity of thought, identity, background, and experience.
- Fostering inclusive spaces where all voices are heard and valued.
- Avoiding behavior that is obscene, violent, discriminatory, harassing, bullying, or otherwise demeaning.

4. *Professionalism*:

Professionalism reflects a commitment to high standards in both conduct and performance. Faculty and staff are expected to behave professionally, including but not limited to:

- Maintaining clear, appropriate boundaries in their roles as educators, supervisors, and colleagues.
- Exhibiting accountability and reliability in their decision-making.
- Collaborating in good faith, resolving conflicts constructively, and representing the University positively.

Conduct inconsistent with these standards and guiding principles that is a) ongoing or b) sufficiently severe as to have an objectively negative impact on the workplace environment, constitutes a violation of this policy.

C. General Provisions

1. This policy requires a good faith commitment to confidentiality, accuracy, and integrity in information shared within our community, particularly when it forms the basis of inquiries or actions. GVSU will make reasonable efforts to keep information confidential throughout any investigation under this policy. It will be considered a violation of this policy for employees to intentionally breach confidentiality in the absence of a legitimate business reason to do so.
2. It will be considered a violation of this policy for employees to intentionally misrepresent information provided during the intake or investigation processes. Employees experiencing a possible conduct issue should consult this and other relevant University policies and procedures. If an employee receives a complaint from a student that the employee believes is reportable under this policy, the employee should file a report and proceed as the Reporting Party under the Procedures below.
3. Processes under this or other relevant University policies or procedures may be necessary when there is an alleged policy violation. For concerns that do not rise to the level of a potential policy violation, Human Resources offers alternative ways to resolve concerns. Employees are also encouraged to address interpersonal matters directly with colleagues and supervisors in a professional manner.
4. The University is committed to supporting all participants, including keeping them informed of progress and providing resources as appropriate. GVSU prohibits retaliation or the threat of retaliation in any form. If an employee believes they have suffered retaliation or been threatened with retaliation in connection with filing a Complaint under this policy, please notify Labor and Employee Relations. See also SLT 3.3.1 (Non-Retaliation Policy for Faculty and Staff).

D. Employee Conduct Procedures

The conduct process will follow the steps below as outlined in more detail in the linked **procedures**.

1. Filing a Complaint
2. Intake Meeting with Reporting Party
3. Preliminary Review of Case
4. Notice of Investigation
5. Interview with Responding Party
6. Fact Finding
7. Report by Investigator
8. Response Period
9. Investigator Review Period
10. Appointing Officer Notice of Disciplinary Action
11. Appeal (if applicable)

PROCEDURES

Procedures for Standards of Conduct for Employees Policy SLT 3.3

1. **Filing a Complaint.** Potential violations of the Standards of Conduct for Employees Policy can be reported online at https://cm.maxient.com/reporting.php?GrandValley or by contacting Labor and Employee Relations via email at complaints@gvsu.edu. Complaints should include:

    a. a brief description of the matter,
    b. a timeline that includes any steps taken prior to filing the report,
    c. identifying information for the involved parties,
    d. any supporting documentation, and
    e. if applicable, a desired resolution.

In rare cases of significant disruption or danger to the Reporting Party, involved individuals, or the larger university community, at the determination of the Vice President of People, Equity and Culture, or designee, processes under this policy may:

    i) be initiated without the Reporting Party's request (if this occurs, the Reporting Party will be notified that the matter is being pursued before the Responding Party is notified),
    ii) be initiated without revealing the identity of one or more of the witnesses or the Reporting Parties, and/or
    iii) include placing a Responding Party on administrative leave while the investigative process is underway.

2. Intake Meeting with Reporting Party. Within five (5) business days of receiving a Complaint, a Human Resources Office designee ("Intake Designee") will review the Complaint and, if appropriate, schedule an intake meeting with the Reporting Party to discuss the Complaint and to ask any questions regarding its substance. Efforts will be made to conduct the intake meeting within ten (10) business days of receiving the Complaint. The Reporting Party may decline attendance, understanding that it may limit the University's ability to address the reported behavior. If the Intake Designee determines that an intake meeting is not appropriate, the Intake Designee will contact the Reporting Party to discuss potential alternatives to this process.

3. Preliminary Review. Within five (5) business days of the intake meeting, the Intake Designee will determine whether the facts, if proven, solely constitute an interpersonal conflict without any associated potential policy violation or if the behavior is not a) ongoing or b) sufficiently severe as to have an objectively negative impact on the workplace environment. In that case, the Reporting Party will be encouraged to engage in restorative practices with the assistance of Human Resources to resolve the issue. If the Intake Designee determines that the facts, if proven, would constitute a policy violation, an investigation under this policy will begin.

4. Notice of Investigation. If an investigation under this policy is initiated, the employee alleged to have violated policy ("Responding Party"), will be sent a Notice of Investigation, with a copy to the Responding Party's Appointing Officer. The Notice will include:

    a. a summary of the factual allegations,
    b. a reference to the specific University policies alleged to have been violated,
    c. the date and time for an Initial Interview to be conducted with the Responding Party within ten (10) business days of the Notice,
    d. Notice that:

        i. the Responding Party may submit any relevant documentation in advance of or during the meeting, and
        ii. the Responding Party will be given an opportunity to provide their version of the facts and to respond to the allegations of policy violation at the meeting.

A copy of the Notice of Investigation will be sent to the Reporting Party and their Appointing Officer.

5. Interview with Responding Party. A Human Resources Office Designee (the "Investigator") will conduct an initial interview with the Responding Party to discuss the report and to ask any questions regarding the substance of the report as well as to allow the Responding Party an opportunity to be heard regarding the facts and allegations and provide documentation in support of their position. The Responding Party may decline attendance, understanding that it may limit the University's ability to understand their position in response to the reported behavior. The Appointing Officer will be invited to attend the meeting solely to observe the demeanor of the Responding Party, and will not engage in discussion or questioning during the interview.

6. Fact Finding. At any point following a Complaint, the Investigator may obtain and review information, up to and including contacting necessary departments and employees or accessing relevant documents or records as part of the Preliminary Review and/or in order to investigate a Complaint. Within five (5) days of their initial interview, either party may request that individuals with relevant information be

interviewed by the Investigator during fact-finding. Each request will be evaluated by the Investigator to mitigate unnecessary harm that could be caused by conducting any potential interview. While each investigation is unique, the goal is to resolve fact-finding within 20 business days from the time the report is assigned to the Investigator. Delays will be communicated to both parties.

7. Report by Investigator. Following fact-finding, the Investigator will prepare an Investigation Report summarizing relevant information and including a finding of whether, based on a preponderance of evidence standard, a violation of the Standards of Conduct for Employees Policy (SLT 3) has occurred. The preponderance of evidence standard means the Investigator will determine whether the evidence indicates that it is more likely than not that the policy violation has occurred. The Investigation Report will be shared with both parties, and the Appointing Officer and Executive Officer of both parties.

8. Response Period. Both parties have five (5) business days from the date of the Investigation Report to submit a written response, attaching any other relevant evidence in response to the evidence submitted by the other party or witnesses. All responses will be submitted to the Investigator for consideration in advance of decision-making. Subsequent submissions of documentation, after the five (5) day response period, will not be accepted or reviewed.

For information purposes only, the Investigator will share a copy of all responses with the Appointing Officer and Executive Officer of both parties.

9. Investigator Review Period: After the conclusion of the Response Period, the Investigator will have two (2) business days to review any responses submitted by the parties during the Response Period and make any necessary revisions to the Investigation Report (if applicable).

10. Appointing Officer Notice of Disciplinary Action. If there is a finding of responsibility by the Investigator appropriate action will be decided by the Responding Party's Appointing Officer, in consultation with their Executive Officer and a Human Resources representative (which may or may not include the Investigator). Appropriate action will include one or more of the following:

a. coaching,
b. verbal warning with plan for remediation,
c. a written warning with plan for remediation,
d. leave of absence without pay (lasting up to six months in duration), or
e. termination of employment.

The Appointing Officer for the Responding Party will prepare a Notice of Disciplinary Action, communicating their decision to the Responding Party in writing within five (5) business days of the conclusion of the Investigator Review Period. At the same time, the Investigator will communicate to the Reporting Party if action is being taken, without disclosing the nature of the action.

Terminations resulting from an investigation under these procedures are for cause, and do not entitle the Responding Party to any severance pay.

11. Appeals. Either party may appeal an outcome under this policy by submitting a Statement of Appeal, in writing, within three (3) business days of receiving the Notice of Disciplinary Action, citing reasons for appeal. If there is no finding of responsibility, the appeal must be submitted within three (3) business days of the conclusion of the Investigator Review Period. Written appeals must be sent to complaints@gvsu.edu .

a. The statement must list i) the grounds for the appeal as outlined below, ii) explain why the employee disagrees with the outcome, and iii) provide any documentation in support of the appeal, including any witness statements.
b. A copy of the Statement of Appeal will be provided to Human Resources, both parties and their Appointing Officers.
c. Appeals are limited to the following grounds:

i. A procedural irregularity that would change the outcome.
ii. New evidence that would change the outcome and that was not reasonably available at the time of the investigation.
iii. The disciplinary action or finding regarding responsibility was substantially contrary to the weight of the evidence.
iv. The individuals involved in making the determination had a conflict of interest or bias for or against a party or other involved individuals that would change the outcome.

d. Appeals will be considered by the Vice President of People, Equity and Culture, or designee, with the decision being final. If the Vice President of People, Equity and Culture, or designee, was involved in decision-making at any stage of this process, an alternate designee will be required to handle the appeal.

NON-RETALIATION POLICY FOR FACULTY AND STAFF

SLT 3.3.1

Date of Last Update:
July 10, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY

This policy applies to all employees of Grand Valley State University.

POLICY STATEMENT

A. Policy Statement

Grand Valley State University ("GVSU") is dedicated to cultivating a workplace consistent with the ideals expressed in SLT 3.3. Upholding these principles is central to our mission, ensuring that all employees feel empowered to report violations or potential violations without fear of reprisal. Recognizing the importance of promptly and thoroughly addressing such reports, we aim to foster trust and accountability within our community.

The University's Non-Retaliation Policy for Faculty and Staff strictly prohibits any form of retaliation against individuals who make good faith reports of violations of laws, regulations, or University policies. This protection extends to those who participate in investigations, proceedings, or hearings, as well as individuals requesting accommodations, assistance, or leave under university policy or state or federal law.

PROCEDURES

B. Procedures

Allegations of Retaliation under this policy will be handled in accordance with the procedures outlined in SLT 3.3.

DEFINITIONS

C. Definitions

1. **Retaliation** encompasses any action, statement, or behavior intended to punish an individual *for engaging in a protected action*. Retaliation may include, but is not limited to, intimidation, threats, coercion, harassment, or actions that negatively affect the terms and conditions of employment, such as termination, demotion, suspension, reassignment, or changes in responsibilities. Retaliation also includes attempts to discourage, deter, or interfere with an individual's ability to engage in protected activity.
2. A **protected action** as referenced in this policy, includes actions taken in good faith to report, address, or seek guidance regarding workplace concerns, or to exercise rights under applicable policies or laws.
3. **Good faith** means an honest belief that the information provided is true, based on the facts reasonably available at the time, and without intent to deceive, mislead, or cause harm

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CONFLICT OF INTEREST IN RESEARCH POLICY

SLT 3.4

Date of Last Update:
October 21, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

The University is committed to transparency, integrity of scholarship, and independence as it pursues its mission to create, preserve, and disseminate knowledge through teaching, research, and community service. Accordingly, Grand Valley State University allows and encourages faculty and staff to engage in outside activities and relationships that enhance the mission of the University.

External sponsors, whether public or private, regularly institute conflict of interest disclosure requirements that the University must abide by in order to accept the funds and participate in the activity. The purpose of such requirements is to promote objectivity in research and to provide a reasonable expectation that the design, conduct, and reporting of sponsored activities will be free from bias arising from conflicting interests of participating personnel.

All GVSU personnel who meet the definition of "Investigator" on externally sponsored research applications, or serve as an "Investigator" on externally sponsored agreements, administered through the Center for Scholarly and Creative Excellence (CSCE) are required to submit a conflict of interest and commitment disclosure to the Office of Research Compliance and Integrity. An "Investigator" is defined as any person, regardless of title or position, who has independent responsibility for some aspect of the design, conduct, or reporting of the research, scholarly, or educational activity. Investigators include Principal Investigators, Co-Investigators, and all other individuals identified in the grant documents (e.g. application, budget, progress reports, etc.) submitted to the sponsor by GVSU, if the individual contributes to the development or execution of a project in a substantive, measurable way, whether or not they receive compensation.

The required disclosure by Investigators must be submitted prior to entering into an agreement or submitting a proposal for award to an external sponsor, and at least annually while the agreement/award is active. An annual disclosure is required even if no conflicts exist. An updated disclosure is also required within 30 days of any new conflict arising or an existing conflict ending or changing in a material way. The Office of Research Compliance and Integrity (ORCI) shall be responsible for reviewing the disclosures and, in conjunction with the Research Integrity Officer (RIO), developing and instituting an adequate mitigation plan for the management of any potential conflicts related to sponsored research and agreements administered by the CSCE. The RIO serves as the designated institutional official and has the final authority to approve and oversee mitigation plans.

GVSU personnel must also comply with the University's Conflict of Interest Policy (SLT 10.1) and subsidiary policies, such as those in place with the Institutional Review Board (IRB) and the Institutional Animal Care and Use Committee (IACUC). Additionally, University personnel working on research funded by the Public Health Service (PHS) and/or other agencies that abide by PHS COI regulations, are subject to additional requirements in accordance with 42 C.F.R. Part 50.601 and 45 C.F.R. Part 94.5. Additional reporting requirements may be required under these other policies and regulations.

The table below provides references to the applicable procedures to follow based upon the type of research/sponsored activity submission.

For more information about conflicts of interest and commitment in research and sponsored activities, please visit the GVSU Conflicts of Interest and Commitment in Research & Sponsored Activities webpage or contact the ORCI at 616-331-3197 or rci@gvsu.edu.

TABLES

Procedures for conflicts of interest in research and sponsored activities.

Submission Type	Policy/Procedures	Responsible Office/Committee
External funding applications and agreements administered by CSCE (i.e., sponsored program submissions, service agreements, testing agreements, material transfer agreements, data use agreements, research collaboration agreements, educational affiliation agreements, non-disclosure agreements)	C-01: Procedures for Reporting, Conflicts of Interest, and Commitment in Research and Sponsored Activities	Office of Research Compliance and Integrity
Institutional Review Board Protocol	IRB Policy 320: Researcher Conflict of Interest	Institutional Review Board
Institutional Animal Care and Use Committee Protocol	IACUC Policy 3.30: IACUC Protocol Personnel Conflict of Interest	Institutional Animal Care and Use Committee

COPYRIGHT POLICY

SLT 3.5

Date of Last Update:
May 06, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
University Libraries

POLICY STATEMENT

The Grand Valley State University Libraries are committed to following all applicable laws regarding copyright and other intellectual property. This includes not only preserving the rights of creators and owners of copyright, but also supporting the rights of users of copyrighted material, including fair use and other exemptions from copyright. This policy outlines the role of the University Libraries in providing education, information, and support regarding copyright, in order to fulfill our mission of advancing intellectual growth and discovery at GVSU.

PROCEDURES

The University Libraries work to educate and support our students, faculty, and staff by serving as an information resource on copyright law as well as the rights of creators, owners, and users of copyrighted materials. We provide detailed resources for understanding and working with copyright through our copyright guide: http://www.gvsu.edu/library/copyright.

We also offer educational programming, individual consultations, and other services related to copyright issues. For more information on the copyright services we provide, or for support with a copyright issue, please contact a librarianhttps://www.gvsu.edu/library/librarians.

The University Libraries offer education and information, but we do not enforce others' compliance with copyright law, nor do we provide legal advice. We can help faculty, students, and staff understand how copyright law works in general, and provide information on specific issues, but the final responsibility for ethical and legal use of copyrighted materials rests with the user. This responsibility extends to the use of technology provided by the Libraries, such as scanners and photocopiers.

The University Libraries do take responsibility for adhering to copyright law when using copyrighted materials in our mediated services, including course reserves and Document Delivery, and we make internal decisions accordingly. However, we cannot make decisions for other users; we can only provide information and education. For legal advice pertaining to copyright and other intellectual property issues, we recommend that you contact the Division of Legal, Compliance & Risk Management.

EXPORT CONTROL POLICY

SLT 3.6

Date of Last Update:
April 24, 2019

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

All personnel at Grand Valley State University, including faculty at all levels, staff, students, visiting scholars, and all other persons herein referred to as "GVSU Personnel" retained by or working at the University must comply with all U.S. export control laws and regulations while teaching, conducting research, or providing service activities at or on behalf of the University. No GVSU Personnel may engage in any export activity that is prohibited by the U.S. Department of Commerce, the U.S. Department of State, the U.S. Department of Treasury's Office of Foreign Assets Control, or any other government agency that enforces export laws/regulations. Similarly, GVSU Personnel may not transfer any controlled item, including technology and technical data, to any foreign nationals inside or outside the United States territory without approved documentation.

Compliance with export control laws and regulations must be considered and if necessary achieved *before* engaging in science or technology-based research, executing contracts or other agreements, purchasing high-technology devices or software, or traveling internationally. GVSU Personnel are responsible for the following:

(i) Ensuring their educational, research, and other University activities are conducted properly and in compliance with export control regulations, all requirements of this policy, and any technology control plan on which they are included;

(ii) Ensuring contracts and service agreements entered into on behalf of the University include the appropriate export control language;

(iii) Notifying the Office of Research Compliance and Integrity at least 30 days prior to traveling on behalf of the University to any of the following locations:

(1) Embargoed and/or targeted sanctioned countries identified by the Export Administration Regulations and/or the Office of Foreign Assets Control, and

(2) Prohibited countries identified by the International Traffic in Arms Regulations

(iv) Obtaining pre-approval from the Office of Research Compliance and Integrity to take or ship any University property to an embargoed, targeted sanctioned, and/or prohibited country as defined in (iii) above; and

(v) Ensuring University business is not conducted with any individual or entity on a prohibited party list published by the Departments of Commerce, State, or the Treasury.

It is essential that all GVSU Personnel keep current with information and training provided by the University. The Vice Provost for Research and Innovation (VPRI), or designee, is the University's Empowered Official who is responsible for overseeing the University's export compliance program.

The University's Empowered Official or designee, is legally empowered to sign license applications or other requests for approval on behalf of the University and has authority to:

(i) Enquire into any aspect of a proposed export or temporary import by the University,
(ii) Verify the legality of the transaction and the accuracy of the information to be submitted, and
(iii) Refuse to sign any license application or other request for approval without prejudice or other adverse recourse.

For more information about export controls, please contact the Office of Research Compliance and Integrity at 616-331-3197 (https://www.gvsu.edu/export/).

NON-AFFILIATE/GUEST USE OF LIBRARY RESOURCES AND COMPUTERS

SLT 3.9

Date of Last Update:
October 02, 2023

Approved By:

- Senior Leadership Team

Responsible Office:
University Libraries

POLICY STATEMENT

Grand Valley has developed this policy in cooperation with its libraries and library staff to outline the policy guest usage of written materials, books and documents housed within the library as well as library computer resources.

Tours

All requests for tours will be evaluated according to purpose, outcomes and facility availability. Scheduling is based on staff availability, the University academic calendar and activity within the library. Tours may be restricted during mid-term and final exam study periods.

General building tours may be requested by calling 616.331.3500.

Walk-in tours of the Mary Idema Pew Library Learning & Information Commons are offered throughout the year. No registration is necessary, and these tours are available on a first come, first served basis, and limited to fifteen per session. Inquire at the Service Desk upon arrival. Self-guided tour brochures are available at the Service Desk.

GVSU course specific tours of any of the University Libraries locations may be requested, please contact your subject librarian.

University, school and professional groups interested in specific library programming; building vision and project, technology, architecture, facilities, or LEED information may request an administrative meeting and building tour by contacting University Libraries Administration at 616.331.2606.

Library Resources

Borrowing of GVSU library items requires a valid GVSU ID, or GVSU Alumni Card.

Computer Access

Guests must present a valid, government issued ID or other photo ID with additional proof of residence to library staff. Additionally, guest users will agree to abide by current GVSU computer use policies. Failure to do so will result in computer access privileges being revoked. Library staff will exercise discretion in limiting guest access in favor of GVSU students, faculty and staff. Accommodations will be made for those in need of accessing our government depository collections.

Room Reservations

The University Libraries is oriented toward the students, faculty and staff of Grand Valley State University. Room reservations are limited to GVSU affiliated individuals and require authentication.

Minor Guests

In accordance with section V of the Minors on Campus Policy (SLT 9.8), the Libraries are not considered a venue appropriate for unescorted or unsupervised minors. Authorized representatives may check out items for minors, and in doing so, assumes responsibility for the material.

In accordance with the Minors on Campus Policy section IV, minors who are enrolled in GVSU courses, have all privileges and responsibilities of students using the Libraries.

EXTERNALLY SPONSORED PROJECTS POLICY

SLT 3.11

Date of Last Update:

February 05, 2025

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY

This document establishes Grand Valley State University's (University) official policy governing the administration of proposals, awards, contracts, and agreements for *externally sponsored projects*. Externally Sponsored Projects do **not** include Purchasing Agreements but **may** include some Philanthropic Gifts for Academic Support and/or Research.

The purpose of this policy is to help ensure that all proposals and awards for externally sponsored projects conform to federal regulations, including the Office of Management and Budget 2 CFR 200—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (a.k.a., the Uniform Guidance)—and are consistent with GVSU's academic and business policies and sound fiscal practices.

POLICY STATEMENT

Only an Authorized Organizational Representative of the University may submit proposals to fund and/or otherwise support externally sponsored projects on behalf of the University.

In addition, an Authorized Organizational Representative may accept on behalf of the University any Externally Sponsored Project award resulting from such proposal submissions or other solicitation processes. Externally Sponsored Projects received without prior approval will only be accepted at the discretion of an Authorized Organizational Representative.

All requests for funding (e.g., proposal, assistance, application, cooperative agreement, consortium agreement, letter, etc.), whether electronic or not, seeking external support for research and other sponsored projects must be submitted to the Office of Sponsored Programs (OSP) for review and approval prior to submission to external sponsors.

Externally Sponsored Projects will be administered by the appropriate Authorized Organizational Representative as defined below.

DEFINITIONS

Assistance Action: The main purpose of an assistance action is to transfer money, property, services, or anything of value to the recipient in order to accomplish a public purpose of support or stimulation. The agency must have legal authority to award assistance agreements for this purpose. Grants or Cooperative agreements are used to award assistance funds.

Authorized Organizational Representative: An Authorized Organizational Representative is either the Vice Provost for Research Administration or Vice President for University Development and any University employee(s) to whom they have delegated oversight responsibility for the administration and management of Externally Sponsored Projects at the University. Only an Authorized Organizational Representative has the authority to submit proposals, accept awards, and sign contracts and agreements for Externally Sponsored Projects on behalf of the University.

Externally Sponsored Project: Externally Sponsored Projects include projects supported by way of grants and cooperative agreements (direct Assistance Actions); incoming or outgoing sub-recipient agreements or subawards (pass-through Assistance Actions); certain incoming or outgoing contracts (i.e.,*externally sponsored* Procurement Actions), including direct contracts, service agreements, and consulting agreements; pass-through subcontracts and service agreements; and certain other agreements, including master collaboration agreements, material transfer agreements, and data-use agreements—whether funded or unfunded. Externally Sponsored Projects do **not** include Purchasing Agreements but **may** include some Philanthropic Gifts as outlined in more detail in the Sponsored Project or Gift Guide (link). Since the term Grant can refer to a Sponsored Project or a Philanthropic Gift, it is important to consider both the intent of the funding and the requirements of the grant to determine its management. The funder's description of the funds as a gift, sponsored project, or other terminology does not affect GVSU's classification of it as a Sponsored Agreement or Philanthropic Gift.

Philanthropic Gift: A philanthropic gift is an instrument by which an outside donor voluntarily transfers money, services, or property from a donor to the University. There is no expectation of direct economic benefit or the provision of goods or services to the donor, although donors can place stipulations on gifts that direct the funds to the donors' areas of interest. University Development will determine the charitable nature of this type of giving in accordance with Council for Advancement and Support of Education (CASE) Global Reporting Standards and Internal Revenue Service (IRS) guidelines, which may differ from reporting for financial statement purposes. Philanthropic Gifts do **not** include Purchasing Agreements but **may** include some Externally Sponsored Projects as outlined in the Sponsored Project or Gift Guide.

Procurement Action: The main purpose of a procurement action is to acquire property or services by purchase, lease, or barter for the use or direct benefit of the purchaser (whether the purchaser is the university purchasing from an outside entity or an outside entity purchasing services from the university). An agreement or contract is used as the legal instrument to award a Procurement Action.

Purchasing Agreement: An agreement entered into by the University through its Procurement Services Office and an outside vendor or supplier to purchase goods and/or services. Examples of non-sponsored purchasing agreements include software licenses, pricing agreements, equipment maintenance agreements, custodial and facilities services, landscaping services, and office supply-vendor agreements.

For more information about this policy and the procedures established to ensure compliance with it, please contact the Office of Sponsored Programs at 616-331-6826 or osp@gvsu.edu.

ALLOWABLE COST POLICY

SLT 3.11.1

Date of Last Update:
September 04, 2019

Approved By:

- Senior Leadership Team

Responsible Office:
Office of Sponsored Programs

POLICY

All costs proposed to be charged on externally sponsored projects (as defined at SLT 3.11: EXTERNALLY SPONSORED PROJECTS POLICY) at Grand Valley State University (the University) must comply with the Federal cost principles prescribed in 2 CFR 200 Subpart E, §200.400; the policies of the sponsoring agency; the specific funding solicitation for which the cost is proposed; and all applicable policies of the University.

Specifically, in order to be deemed an **allowable cost** on such a project, the cost of any particular item must:

1. Be **necessary and *reasonable*** for the performance of the awarded project. That is, the project cannot be performed without the item and a reasonable and prudent person would incur the cost of the item under the circumstances prevailing at the time the decision was made to propose or incur the cost (§200.403-404).
2. Be fully **allocable** to the particular awarded project or be proportionally allocable to it and another cost objective according to the relative benefit derived (§200.405).
3. Be **treated consistently**. A cost may not be assigned to a sponsored project as a Direct Cost if any other cost incurred for the same purpose in like circumstances has been allocated to the awarded project as an Indirect Cost. University policies governing the treatment of costs must apply uniformly to both sponsored- and non-sponsored activities. Like expenses must be treated the same in like circumstances (§200.400(e)).

Such costs much also meet one of the following two criteria:

1. Be an item or category of cost that is **not expressly disallowed by the federal government** (guidance available at §200.420-475, General Provisions for Selected Items of Cost); **the sponsor** (as documented in sponsor policy statements and in the applicable sponsor funding solicitation); **or the University** (as defined below under Unallowable Costs and documented in the Business and Finance Procedures and the University-Wide Policies); OR
2. Be an otherwise unallowable cost that is **expressly allowed by the sponsor**, whether as stipulated in an award or proposal-solicitation document or as documented in a prior written approval request duly executed by an Authorized Organizational Representative of the University. If an expense does not meet the above criteria, it must not be charged to an externally sponsored project at the University.

DEFINITIONS

Direct Costs are expenses that are specifically associated with a particular externally sponsored project that can be directly assigned to such activities with a high degree of accuracy.

Indirect Costs (also referred to as Facilities & Administration [F&A] or overhead costs) are expenses that cannot be identified specifically with a particular project or activity. Indirect costs benefit multiple activities and programming objectives. In order to capture the amount of indirect costs that should be allocated to a grant, the University has calculated an indirect cost rate, approved by the federal government.

The indirect costs included in this rate are made up of two broad categories: Facilities and Administration.

Facilities costs include:

- Custodial and Maintenance
- Utilities
- Grounds Services
- Parking Operations, less parking fines and fees
- Property and Liability Insurance
- Facility Planning and Management
- Engineering Planning and Management
- Depreciation

Administration costs include all the expenses incurred in providing the following university services:

- Central Administration
- Business & Finance, including financial audit
- Human Resources
- Legal Services
- Inclusion & Equity
- Library Operations
- Administrative Computer Operations
- Grants and Research Administration
- Department Administration, as defined by the federal government to be 20% of Dean and Dean's assistant compensation
- Mail Services
- Public Safety
- University Communications

Federal Cost Principles are the Federal regulations that govern expenditures on federal awards and which also apply to non-federal awards to GVSU because of the University's required federal compliance under 2 CFR 200 Subpart F: Audit Reporting.

Prior Written Approval is a formal permission the University must document before it proposes or incurs a special or unusual cost that may be deemed unallowable under the federal cost principles under normal circumstances.

Requests for prior written approval must be rationalized in writing as allowable under an "unlike circumstances" justification by the University personnel who wish to propose the special or unusual costs. The requests are then reviewed, approved, and (assuming approval is granted) formally submitted to the sponsoring agency by the Authorized Organizational Representative of the University (as defined in SLT 3.11: EXTERNALLY SPONSORED PROJECTS POLICY).

In accordance with the Uniform Guidance at 2 CFR 200, prior written approval from the sponsor is explicitly required (either in the awarded proposal budget, during award negotiation, or prior to incurrence of costs in the event that the expense is to be proposed post-award) for a number of items, including the following:

1. Administrative expenses (§200.413(c))
2. Change of scope (§200.308 (c)(1))
3. Cost sharing or matching (§200.308 (c)(7))
4. Entertainment costs (§200.438)
5. Equipment and other capital expenditures (§200.313, 439)
6. Exchange rates (§200.440)
7. Fines, penalties, damages and other settlements (§200.441)
8. Fixed amount subawards (§200.332)
9. Fund raising and investment management expenses (§200.442)
10. Memberships in any civic or community organization (§200.457 (c))
11. Organization costs (§200.455)
12. Participant support costs, any transfer of budget (§200.308 (c)(5))and (§200.456)
13. Rearrangement and reconversion expenses (Renovations) (§200.462)
14. Selling and marketing costs (§200.467)
15. Subawards, any changes or transfers (§200.308) (c)(6))
16. Supplemental compensation for incidental activities (§200.430 (h) (ii))
17. Use of program income (§200.307)

Unallowable Costs are costs that could be considered appropriate and reasonable, but which are not eligible for reimbursement by the federal government and therefore to ensure consistent treatment under the federal cost principles, are not allowable on any sponsored program. Exceptions are possible with a strong justification for unlike circumstances and with prior written approval (as defined above) from the Authorized Organizational Representative of the University and the sponsor.

Unallowable costs include:

1. Advertising and public relations
2. Advisory councils
3. Alcoholic beverages
4. Alumni/ae activities
5. Bad debt expense
6. Collections of improper payments
7. Commencement and convocation costs
8. Contributions and donations
9. Entertainment costs
10. Fines, penalties, damages and other settlements
11. Fund raising and investment management costs
12. Lobbying
13. Intra-Institution of Higher Education (IHE) Consulting
14. Losses on other awards or contracts
15. Club, social, dining club or lobbying organization memberships
16. Proposal costs
17. Meals and travel associated with lobbying, fund raising, alumni activities
18. Student activities
19. Passports and immigration visas

For more information about this policy and the procedures established to ensure compliance with it, please contact the Office of Sponsored Programs at 616-331-6826 or osp@gvsu.edu.

COST SHARING POLICY FOR EXTERNALLY SPONSORED PROJECTS

SLT 3.11.2

Date of Last Update:
September 04, 2019

Approved By:

- Senior Leadership Team

Responsible Office:
Office of Sponsored Programs

POLICY

Grand Valley State University (the University) shall minimize cost sharing on all externally sponsored projects (as defined at SLT 3.11: EXTERNALLY SPONSORED PROJECTS POLICY).

The University will allow cost sharing on such projects under the following conditions:

1. When it is required by the sponsoring agency (Mandatory Cost Sharing) as documented in a proposal solicitation, program description, sponsor policy, Catalog of Federal Domestic Assistance record, broad agency announcement or other official sponsor document.
2. When a reasonable justification is made that provision of Voluntary Cost-Sharing (whether Committed or Uncommitted) will improve the competitiveness of a proposal.

Further, in cases under which the University will allow cost sharing:

1. The proposed cost sharing must be thoroughly and accurately quantified;
2. The proposed cost sharing must represent an allowable cost (as defined in SLT 3.11.1 ALLOWABLE COST POLICY);
3. The proposed cost sharing must be limited to what is required by the sponsor (Mandatory Cost Sharing) or to what is deemed reasonable by the Appointing Officer (as defined in BOT 4.1.1: GENERAL PERSONNEL POLICIES FOR FACULTY AND STAFF – PERSONNEL ADMINISTRATION) who has authority over the resources proposed to be committed (Voluntary Cost Sharing);
4. The approval to subsidize all proposed cost sharing must be documented by the Appointing Officer who has authority over the resources proposed to be committed;
5. The quantification and approval of cost-sharing subsidies must be documented and approved by the Authorized Organizational Representative of the University (as defined at SLT 3.11: EXTERNALLY SPONSORED PROJECTS POLICY) using the standard systems and processes of the Office of Sponsored Programs; AND
6. All approved cost sharing included in an awarded externally sponsored project must be monitored, tracked, and reported by the Grants Accounting office in accordance with all applicable federal and sponsor requirements.

DEFINITIONS

Cost Sharing: Cost sharing is that portion of an externally sponsored project cost that is not reimbursed by the sponsor (whether federal or non-federal) and therefore represents a commitment of institutional resources that would generally otherwise be devoted to other University purposes.

There are three forms of cost sharing:

1. Mandatory Cost Sharing, which is required by the sponsor as an award condition and becomes an obligation once an award is made;
2. Voluntary Committed Cost Sharing, which is voluntarily offered and documented in a proposal submission and therefore becomes an obligation once an award is made; and
3. Voluntary Uncommitted Cost Sharing, in which voluntary cost sharing is intended, but not explicitly committed (documented) in a proposal, and therefore not a binding commitment that must be tracked and reported.

For more information about this policy and the procedures established to ensure compliance with it, please contact the Office of Sponsored Programs at 616-331-6826 or osp@gvsu.edu.

SUPPLEMENTAL COMPENSATION ON EXTERNALLY SPONSORED PROJECTS POLICY

SLT 3.11.3

Date of Last Update:
September 04, 2019

Approved By:

- Senior Leadership Team

Responsible Office:
Office of Sponsored Programs

POLICY

Grand Valley State University (the University) normally does not allow for compensation charges in excess of an individual's Institutional Base Salary on any Externally Sponsored Project (as defined in SLT 3.11: EXTERNALLY SPONSORED PROJECTS POLICY). In most cases, funding from such projects must supplant, not supplement Institutional Base Salary during the Base-funded Appointment Period.

In the absence of unusual circumstances and specific Prior Written Approval (as defined in SLT 3.11.1: ALLOWABLE COSTS POLICY) from the appropriate University and/or sponsor officials as described in this policy, faculty member compensation for sponsored-project work at the University must offset Institutional Base Salary through:

1. The use of Significant Focus Time (as defined in SG 3.01: FACULTY RESPONSIBILITIES);
2. The application of Reassigned Time (as defined in SG 3.03: REASSIGNED TIME); or
3. Some combination of Significant Focus Time and Reassigned Time.

Absent Prior Written Approval for Supplemental Compensation following procedures stated below, Administrative/Professional staff members must also offset Institutional Base Salary to participate in externally sponsored projects (supplant, not supplement). Such offsets shall require a reorganization of established job duties in the staff member's organizational unit that is approved by the staff member's Appointing Officer and Executive Officer.

In order to charge Supplemental Compensation to federally funded Externally Sponsored Project accounts at the University, the work performed must be justifiable as Intra-Institution of Higher Education Consulting as defined at 2 CFR 200.430—COMPENSATION: PERSONNEL SERVICES, which limits such charges according to their adherence to specific criteria. Such consulting must be:

1. Across departmental lines or involve a separate or remote location that is at least 30 miles away from the employee's University campus office;
2. Outside the scope of the employee's regular appointment as documented in the employee's appointment letter;
3. Short term in nature; and
4. Provided for in the sponsored agreement, or approved in writing by the sponsoring agency prior to the incurrence of applicable expenses.

In order to charge Supplemental Compensation to a non-federal Externally Sponsored Project account, the allocation is subject to the prior written approval of the Vice Provost for Research Administration as well as the sponsoring agency.

DEFINITIONS

Base Appointment Period at the University generally falls into one of two categories:

1. An Academic Year Appointment is comprised of the nine-month span from August 6 of a given calendar year to May 5 of the following calendar year.
2. A 12-month Appointment is comprised of the twelve-month span from August 6 of a given calendar year to August 5 of the following calendar year.

Institutional Base Salary is the annual salary the University pays for an employee's appointment, regardless of appointment category and whether the employee's time is spent on research, teaching, administration, patient care, or other University responsibilities. Institutional Base Salary does not include bonuses, one-time payments, incentive pay, or income that an employee is permitted to earn outside of their University responsibilities such as Private Consulting.

Private Consulting refers to works for hire performed by a University employee outside of their University responsibilities. To be deemed private consulting, work must be performed without the use of any University resources, including administrative services of any kind, facilities (classroom, clinical, meeting, or office space), supplies, equipment, computing resources, and any other service or resource owned by the University. Any outside employment must be approved in advance by the Appointing Officer (BOT 4.1.10). Consulting services that require the use of University resources are subject to SLT 3.17: SERVICE AND CONSULTING AGREEMENTS POLICY.

Supplemental Compensation, also known as extra salary or extra service pay, is compensation a University employee receives in excess of Institutional Base Salary; Supplemental Compensation represents payments for services outside the normal scope of employment.

For more information about this policy and the procedures established to ensure compliance with it, please contact the Office of Sponsored Programs at 616-331-6826 or osp@gvsu.edu.

FACILITIES AND ADMINISTRATIVE COST POLICY

SLT 3.11.4

Date of Last Update:

July 13, 2016

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

Grand Valley State University's Facilities and Administrative (F&A) rate (also known as the indirect-cost rate) is established in accordance with the Federal Office of Management and Budget under 2 CFR 200 Uniform Guidance (previously A-21). The rate is negotiated between the University and the U.S. Department of Health and Human Services, the cognizant federal agency that oversees the administration of sponsored agreements at the University. The University's F&A rate reflects the cost of real, auditable expenses incurred in the conduct of sponsored research and programs. Included among these costs are depreciation costs of buildings and equipment, maintenance and repairs, janitorial services, utilities, hazardous waste disposal, libraries, and general administrative costs such as sponsored programs administration, departmental administration, and general administration (accounting, purchasing, legal services, personnel, and compliance). These costs are "indirect" because they are not easily identified with a specific project and therefore are not included in the "direct" portion of the budget. Such indirect costs support the conduct of research and other sponsored programs, regardless of the source of funding, and therefore must be applied to all sponsored projects. For reasons of sound management and equitable stewardship of resources used in support of all sponsored activities, it is expected that all sponsored projects recover full F&A costs.

PROCEDURES

Facilities & Administrative (F&A) Cost Recovery Policy:
It is the University's policy that all proposals and agreements for sponsored research, including subawards and industry contracts, are subject to the recovery of facilities and administrative costs (F&A) at the University's approved and published rate. In some cases, the sponsor has a written policy, uniformly applied, prohibiting F&A costs or restricting the payment of such costs to a lower rate. An exception to the University's F&A cost recovery policy may be warranted if it is clearly in the best interest of the University to accept the award with less than full F&A cost recovery. Any reduction (defined as a waiver of F&A) is strongly discouraged and requires prior approval from the Vice Provost for Research Administration. This exception does not apply to for-profit (industry) sponsors, as such sponsors are expected to provide full F&A when funding a sponsored project. Designation of a sponsored award as a gift will not preclude the recovery of indirect costs if such costs are allowed by the donor.

Facilities & Administrative (F&A) Cost Return and Use Policy:
Each year, the University returns a portion of the recovered F&A costs as appropriate to those generating the grants and contracts. This return of F&A costs generally occurs at the end of each fiscal year and is based upon the F&A costs recovered on sponsored projects during the preceding fiscal year (July 1 - June 30). For sponsored awards originating within academic units with a tenure stream Faculty Principal Investigator, recovered funds are distributed as follows.

- Faculty Principal Investigator – 12.5%*
- Faculty Home Department – 7.5%
- Appointing Officer of unit generating the recovered funds – 20%
- Provost – 20%
- General Fund (Facilities Infrastructure) – 40%

For all other proposals, recovered funds are distributed as follows.

- Appointing Officer of unit generating the recovered funds – 40%
- Provost – 20%
- General Fund (Facilities Infrastructure) – 40%

It is anticipated that, when appropriate, recovered funds will be used strategically for research initiatives, faculty start-ups, bridge funding and required cost share, and to provide the necessary administrative support for research projects. Indirect cost recovery funds cannot be used to increase the principal investigator's annual compensation.

Indirect cost revenue recovered on Financial Aid expenditures will not be allocated and all proceeds will be returned to the General Fund.

Charter Schools are not considered a sponsored program and therefore not affected by this policy.

*Note: if the recovered funds allocated to the Faculty PI are less than $500, funds will be deposited into departmental FOAPs rather than individual Faculty PI FOAPS

GENERAL RESPONSIBILITIES OF PRINCIPAL INVESTIGATORS/PROJECT DIRECTORS POLICY

SLT 3.11.5

Date of Last Update:
April 03, 2013

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

The Principal Investigator/Project Director is responsible for a variety of general responsibilities, which are outlined in the following section.

PROCEDURES

Responsibilities

The following General Responsibilities form shall be provided by OSP to each Principal Investigator at the time of award. The Principal Investigator is responsible for signing and returning the original to OSP within five business days of its receipt. The original shall be retained in the award OSP record file in accordance with record retention guidelines. **The Principal Investigator/Project Manager is responsible for:**

- Compliance with the award terms and conditions. Notifying OSP of potential scope, budget or schedule shifts, and requesting/obtaining Authorizing Official review and approval of such, if required.
- Obtaining signatures on the (Request to Add a New Fund (RANF) form, and submitting the RANF to the Office of Business & Finance. A copy of the original proposal, notice of award, budget, and other official documents must be attached to the RANF form. The RANF will not be processed without these attachments.
- Ensuring that the Salary Request is prepared and signed by the Unit Head/Dean and other appropriate individuals. Salary Request letters accompany the signed RANF form.
- Management of the grant, contract/subcontract, or cooperative agreement and conducting the project to meet project goals and objectives while adhering to agency guidelines and GVSU policies and procedures.
- Ensuring that all individuals involved in the administrative and financial aspects of the award receive BANNER training.

  The Office of Grants Accounting will assist with the invoicing and accounting process. The PI is also responsible for ensuring that all grant expenditures are reviewed on a monthly basis (at a minimum) and ensuring that those expenses incurred are approved in the BANNER system.

- Ensuring that for those items acquired or purchased under the terms of the award and with grant funds that sponsor requirements and GVSU Purchasing Procedures are followed.
- Ensuring that all project expenditures are directly related to the project and necessary to meet project goals and objectives. Knowing the cost sharing requirements that were committed in the budget approved by the agency and GVSU and insuring that these obligations are met.
- Certifying the time/effort of personnel paid by the grant, contract/subcontract, or cooperative agreement, or cost sharing/matching time on the project.
- Completing a Conflict of Interest Financial Disclosure form, and having no conflict of interest that could affect the conduct of the project. Any such possible conflict of interest must be reported to OSP as soon as it is apparent.
- Ensuring that the PI as well as all undergraduate, graduate, or post-doctoral students receive Responsible Conduct of Research training, if required by the sponsor. PIs and students are required to sign a Completion of Training form confirming the date, receipt, and satisfactory completion of this training. The form must be returned to OSP for the record file.
- Ensuring that GVSU policies and federal regulations governing the protection of human research subjects are followed. Ensuring the adherence to federal governing regulations and GVSU Animal Care and

Use Policy for the use of animals in research.

- Ensuring compliance with the GVSU policy on Political Activity, as well as ensuring compliance with the terms and conditions of an award governing such activity.
- Submitting required reports and/or documentation in a timely manner.
- Certifying that the PI, and any subcontractor or sub-recipient on this project, is not debarred, suspended or proposed for debarment by any federal entity. The PI agrees to notify the University (both OSP and Purchasing Dept.) of any change in this status, should one occur, until such time as an award is made under a procurement action. See www.sam.gov

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SERVICE AND CONSULTING AGREEMENTS POLICY

SLT 3.11.6

Date of Last Update:
October 15, 2018

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

This document establishes Grand Valley State University's (University) official policy governing the approval and management of service or consulting agreements that employees through the University, meaning cases in which the University would be the contracting party. These are agreements under which Principal Investigator (PI)-Eligible faculty and/or Administrative/Professional (A/P) staff members are obligated to provide specified services or "deliverables" and that do not fall squarely within the traditional framework of research or teaching activities. While these agreements may have research, scholarly, or other benefits to the University, those benefits are a secondary aspect, not the primary purpose of the activity. The terms "service agreement" or "consulting agreement" are intended to be descriptive; such agreements could have other labels or titles.

In some cases, employees who may consider providing services independently of the University as consultants will do this for their own account, on their own time, and using their own resources and subject to applicable University policies. However, review and approval of all proposed service and consulting agreements under this policy is required to ensure compliance with employment, tax, and intellectual-property law; regulatory requirements governing research and the use of certain kinds of data; and institutional policies regarding student engagement in externally funded activity and the appropriate use of University resources.

The University should be the contracting party only when justified by compelling reasons that meet the General Criteria of this policy. There are occasions, however, when a PI-Eligible faculty or AP staff member wants to provide a service through the university. For example, the activity may have a strong academic and/or university programmatic component and the faculty or A/P staff member may want to be able to use university facilities, resources, staff, or students to carry out the proposed contractual activity. In those circumstances, **this policy allows for the University to act as the contracting party, but only if the activity in question meets the General Criteria of this policy.**

By way of illustration, but without limitation, services that PI-Eligible faculty and A/P staff members may seek to provide through this policy may include:

- Performing an evaluation or assessment of an external program, such as an educational program or public-health initiative;
- Establishing rating criteria, such as standards for measuring health or safety outcomes;
- Providing technical assistance to a foreign government in areas such as social, health or economic services;
- Delivering professional-development services;
- Partnering with industry to engage students in technical projects the delivery of which will contribute to the educational goals of the students involved; and/or
- Assisting a city government in its urban planning.

PROCEDURES

This policy designates authority to the Vice Provost for Research Administration or their designee to establish such operational procedures as deemed necessary to implement the policy, and ensure operational efficiency, proper oversight of compliance and financial management, and ensure the success of externally sponsored projects at the University.

DEFINITIONS

Authorized Organizational Representative (AOR): The official to whom the Provost delegates authority to submit proposals to fund and/or otherwise support externally sponsored projects on behalf of the University and to accept on behalf of the University any awards, contracts, or agreements resulting from such proposal submissions or other solicitation processes.

PI-Eligible: University faculty and AP staff members who are documented as eligible to serve as a Principal Investigator as defined in the University's Principal Investigator Eligibility Policy.

Benefits and Risks

Often, participating in service agreements involves high-profile and challenging projects that may benefit members of the university community by, for example:

- Adding significantly to faculty, staff, and student expertise;
- Demonstrable connections to curricular and co-curricular development, new teaching cases, program development in executive education, and professional development;
- Engaging faculty in domestic and international matters that are highly relevant to their teaching and scholarship, or employees in their administrative responsibilities; and/or
- Initiating or reinforcing strong institutional relationships that can serve long-term University interests.

Though there may be much to recommend the pursuit of these opportunities, especially where there is substantial potential to advance scholarship, education, and service, these arrangements may also pose risks that need to be managed. **Service and Consulting Agreements are more complicated for the University to manage than routine sponsored-project agreements because of the expectations of the external entities, who perceive themselves as clients or customers rather than sponsors.**

The following potential risk factors will be considered in the evaluation of Service and Consulting Agreements:

- The University, as the contracting party in these agreements, bears the risk of liability or reputational harm for non-performance or poor performance of agreed-upon tasks and for unsatisfactory contract "deliverables." Potential risks reach beyond the payments to the University and could include monetary damages from the downstream effects of contested performance.
- Unlike in sponsored-project arrangements (i.e., assistance awards, such as grants or cooperative agreements), in which the sponsor may be presumed to be committed to the principles of objective science or the enhancement of the public welfare, "clients" or "customers" in service arrangements may be more focused on obtaining specific results and will likely be more involved in directing performance of the services. Institutional integrity and impartiality may be called into question if expectations are not properly managed at the outset.
- **The use of the University's students and staff to assist in these projects also raises unique policy issues.** The University has a duty to students in particular. They should not be made to work on projects unless the work advances their educational goals. The interests of employees, students, and the institution must be safeguarded in the negotiation of such arrangements to assure them that they may generate and publish works of scholarship, receive proper credit for their work, obtain appropriate intellectual property or other proprietary rights in the work product, and avoid confidentiality or other obligations that may compromise transparency and injure reputations.
- Special attention must be paid to assure that these arrangements comply with the university's obligations as a tax-exempt organization (e.g., IRS regulations regarding Unrelated Business Income).

General Criteria

The proposed Service and Consulting Agreement must:

1. Advance the core mission of the academic or non-academic organizational units that will carry it out;
2. Provide a significant institutional and/or public benefit; and,
3. If students are to participate in the activity, provide both a learning experience that advances student educational goals and that students will be free to use and disclose details of the experience in their academic and career pursuits, unless a Non-disclosure Agreement has been approved by the Office of the Vice Provost for Research Administration.

The determination as to whether a proposed Service and Consulting Agreement meets these criteria shall be the responsibility of the employee's Appointing Officer. Such determinations shall be documented using University procedures for sponsored activity.

In addition, the proposed Service and Consulting Agreement must:

1. Present manageable and limited risks;
2. Be accurately budgeted to generate sufficient revenue to pay for full performance that includes both the direct charges associated with the activity and the university's full federal negotiated facilities & administrative cost rate;
3. Be properly accounted for from a tax perspective;
4. Be reviewed and processed by the Technology Commercialization Office and the Office of Sponsored Programs (which may include the execution of a non-disclosure agreement to protect the intellectual property of the parties to the agreement; and
5. Receive approval from the employee's Appointing Officer.
6. Be approved and submitted by the Vice Provost of Research Administration and/or designee.

And finally, once the Service and Consulting Agreement is fully executed, and throughout the performance of the contractual scope of work, the PI and responsible organizational unit must ensure that the activity complies with:

1. The contracted scope of work, timeline, and all agreed deliverables;
2. All applicable federal and state laws and regulations (e.g., export controls, use of human or animal subjects, intellectual property rights, disclosure and mitigation of financial and other conflicts of interest); and
3. All relevant University policies, such as invoicing for payment via the central accounting office of the University, and the use of the University's name, facilities, equipment, supplies, and other resources.

PRINCIPAL INVESTIGATOR ELIGIBILITY POLICY

SLT 3.11.7

Date of Last Update:
October 15, 2018

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY

This policy establishes the eligibility requirements for and the duties and responsibilities of all Principal Investigators (PI) at Grand Valley State University (University). The policy also provides for the establishment of formal processes to request and approve exceptions to the PI eligibility requirements.

POLICY STATEMENT

For each externally sponsored project, it is customary to designate as PI **one person** who bears ultimate responsibility for scientific, technical, and programmatic decisions, and all financial, administrative, and compliance matters relating to the project. It is the policy of Grand Valley State University that only eligible University faculty, staff, and trainees and appointees (when appropriate) may serve as the PI on externally sponsored projects to be carried out on behalf of the University.

Serving as the nominal project leader to lend credibility to a proposal while delegating PI responsibility to another person (i.e. "fronting" as the PI) is never permissible and is considered a violation of this policy.

PI eligibility is conferred in one of two ways: (1) automatically, by position, and (2) via special request, both subject to training as required by this policy.

1. **Automatic Eligibility:** PI eligibility is automatically conferred upon tenured and tenure track faculty at the rank of Professor, Associate Professor, or Assistant Professor.

Special-Request Eligibility: If PI eligibility is not conferred automatically, it may be conferred by Special Request of the employee's authorizing official (dean, provost, vice president) or their designee(s)). Certain non-academic units (e.g., the University Art Gallery, Small Business Development Center, Johnson Center for Philanthropy, Van Andel Global Trade Center) may request long term PI status for the director, associate director, and other **Administrative/Professionals (regular, full-time employees), as they deem appropriate. These personnel are all subject to standard Compliance and Training requirements for PI Eligibility.**

1. *Fellowships and Training Opportunities*

Trainees (typically graduate students and post-doctoral fellows) may be eligible to be PIs on fellowship and training programs **when that designation is required by the funding agency** as documented in a funding opportunity announcement and a PI-eligible faculty or staff member is identified and documented as their sponsor/mentor. In this circumstance, a trainee's PI eligibility is conferred and verified by the applicable Department/Unit Head's approval during the internal proposal-routing process. It is not necessary to document approval of trainee PI eligibility via Special Request.

Trainee PI status is consistent with the treatment of all Special Requests for PI eligibility, in that it is conferred on a case-by-case basis; it does not confer blanket PI eligibility status for any other externally sponsored projects.

Compliance and Training Requirements

However it is conferred, PI Eligibility Status is contingent upon the documented completion of all required compliance and sponsored-programs training. Training requirements, certification, and documentation are determined and administered collaboratively by the Vice Provost for Research Administration, the Office of Sponsored Programs, the Office of Research Compliance & Integrity, and the Controller.

PROCEDURES

This policy designates authority to the Vice Provost for Research and the Director of Sponsored Programs to establish such operational procedures as they deem necessary to implement this policy, and ensure operational efficiency, proper oversight of compliance and administration, and the success of externally sponsored projects at the University.

It is the responsibility of the Office of Sponsored Programs to review all proposals to fund externally sponsored projects to determine and document PI eligibility prior to proposal submission. Proposals put forward by individuals without documented PI eligibility will generally not be approved for submission. Awards resulting from proposals submitted by ineligible PIs who either knowingly or unwittingly circumvent the standard approval process will generally not be accepted by the University.

Responsibilities of All Principal Investigators

Although the University is legally responsible to the sponsor as the actual recipient of any externally sponsored award, the Principal Investigator (PI) is accountable for the proper fiscal management and conduct of the project. This includes managing the project within funding limitations and all of the terms of the award, assuring that the sponsor is notified when significant conditions related to project status change, and ensuring that all programmatic reporting requirements are met in a timely fashion. To assist PIs, the University provides supporting administrative services and has established procedures to help meet both sponsor and University requirements. While responsibility for the day-to-day management of project finances may be delegated to administrative or other staff, accountability for compliance with federal requirements, University policies, and sponsor requirements ultimately rests with the PI. The full cooperation and vigilance of the PI, along with the University, is necessary to maintain the stewardship role.

1. Preparation of Proposals
Principal Investigators have primary responsibility for planning and carrying out the preparation and submission of proposals for external support. Although PIs may have administrative staff to assist with the proposal-development process, they are ultimately responsible for the quality and scientific integrity of the proposal, and for understanding and complying with all University policies for managing external support.

a. Technical Proposal
The Principal Investigator is responsible for preparing the technical proposal.

b. Proposal Budget
The Principal Investigator prepares, or directly supervises the preparation of, all aspects of the proposed budget and budget justification. This responsibility includes coordination with Procurement Services and compliance with all procurement policies and procedures. It also includes identifying any requests and sufficient resources for cost sharing (including matching funds); the need for space or space modifications (including any accommodations for large and/or unusual equipment); and the need for outside collaborators (sub-recipients, contractors, consultants). The PI ensures all costs are allowable, allocable, and reasonable for the project in accordance with the federal cost principals set out in OMB 2 CFR 200, and that all proposals include full recovery of all anticipated project costs. Full recovery includes recovery of indirect costs at GVSU's negotiated federal rate or (in the case of non-federal sponsors or federal training grants) the maximum rate allowed under published sponsor policy.

c. Regulatory Requirements
The PI is responsible for anticipating whether the research will involve human subjects, live animals as subjects, recombinant DNA, infectious agents, narcotics or biological toxins, human blood or body fluids,

radioactive materials, hazardous materials, export controls, conflicts of interest, or other regulated activities requiring University review or clearance. The PI is responsible for preparing information and forms required for review by the University's Office of Research Compliance & Integrity.

d. Project Approvals
The Principal Investigator prepares, or directly supervises the preparation of, and electronically signs internal proposal-approval forms, and requests required approvals in a timely fashion.

2. Acceptance of the Award
The PI is responsible for collaborating with the Office of Sponsored Programs in any negotiations with the sponsor relating to modifications of the project scope or budget or proposed terms and conditions of the award.

The Principal Investigator is responsible for reviewing and approving the award agreement, in conjunction with OSP, including the scope of work, budget, and the special terms and conditions of the award, and for managing the award in accordance therewith.

3. Conduct and Management of Award
The Principal Investigator is responsible for all actions required to manage and complete the scientific, programmatic, and financial aspects of the externally sponsored project in accordance with all of its terms and conditions, including the performance of all sub-recipients. The Principal Investigator is also responsible for the management of the award budget and expenditures in accordance with federal, GVSU, and sponsor requirements. This responsibility includes attesting to the allowability, allocability, and reasonableness of all expenditures. Principal investigators are responsible for routine monitoring of the status of grant accounts to prevent overdrafts and incorrect charges and to ensure that unallowable costs are not charged to an award.

The Principal Investigator is responsible for the timely submission of all required programmatic reports, interim and final. The information contained in such reports must be supported by adequate documentation. The Principal Investigator will provide copies of all required programmatic and progress reports to the OSP and the Grants Accounting office.

DEFINITIONS

Externally Sponsored Project: All grants and cooperative agreements (direct assistance actions); all incoming or outgoing sub-recipient agreements or subawards (pass-through assistance actions); certain incoming or outgoing contracts (i.e., *externally sponsored* procurement actions), including direct contracts, service agreements, and consulting agreements; pass-through subcontracts and service agreements; and certain other agreements, including master collaboration agreements, material transfer agreements, and data-use agreements—whether funded or unfunded. *Externally sponsored projects do* ***not*** *include purchasing agreements or philanthropic gifts.*

Principal Investigator (PI): An individual with a formal affiliation with the University, normally an employee, who is or becomes eligible under this policy to submit a proposal for extramural support for a research, training, public-service, or other externally sponsored project, who personally participates in the project to a significant degree, and who has primary responsibility for the scientific, technical, programmatic, and administrative conduct and reporting of the project, including compliance and financial matters. A Principal Investigator who is the head of a training or other sponsored project may be known as a Project Director. For the purposes of this policy, the terms shall be considered equivalent. The University only recognizes one individual as the Principal Investigator and this individual must personally participate in the project to a significant degree.

Co-Investigator (Co-I): An investigator who will share responsibility for the scientific, technical, and/or administrative conduct and reporting of a research or sponsored project with the Principal Investigator. Each individual named as a Co-Principal Investigator at the University must meet the same eligibility requirements as a PI as noted above. There may be more than one Co-Principal Investigator, but one person is designated as the leader (PI) of the project. While the University allows this approach, not all sponsors allow Co-PI models. In certain cases, a sponsor (e.g., the National Institutes of Health—NIH) may allow a **Multiple Principal Investigator** model to be employed in a research or sponsored project. Such models feature multiple PIs who are expected to equally share responsibility for leadership of multidisciplinary and other types of "team science" projects that are not optimally served by the single Principal Investigator model. Such models typically require a single "Contact PI" and special justification in the form of a Multi-PI Plan that documents processes for project governance and resolution of conflicts.

TEXTBOOKS AND COURSE MATERIALS POLICY

SLT 3.12

Date of Last Update:
January 16, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Provost Office

POLICY STATEMENT

Textbooks and related course materials continue to be essential to the delivery of knowledge. For various reasons, the cost of printed materials has continued to rise. The goal of the University is to provide the best quality educational resources at the lowest possible cost to the students by minimizing the cost of textbooks and course materials used at the university while maintaining quality of education and academic freedom. When possible, the University strongly encourages that these quality educational resources should be open educational resources that are a no cost option for students. When OER is not available consider GVSU Save as an option.

PROCEDURES

The Provost's Office is responsible for overseeing the faculty role in textbook selection. It discharges that responsibility by working closely with the Deans of the colleges. Business and Finance is responsible for overseeing the practices of the GVSU Laker Store.

Responsibilities of the Faculty:

- Faculty members shall submit lists of required textbooks, recommended textbooks and supplemental course materials or the intent to use open educational resources to the GVSU Laker Store by the specified deadlines.
- Faculty are expected to compare open educational resources (https://libguides.gvsu.edu/oer) and various textbook options and to make the selection by taking into account pedagogical value, price, and availability. If all other considerations are about the same, the less expensive option should be selected. When there are multiple sections of a course taught by different instructors, it is preferable (but not required) that departments order the same instructional materials textbook for all sections, in order to benefit students who may be adjusting their schedule during drop/add week and to support inventory management for the GVSU Laker Store.
- When faculty wish to require the purchase of any published textbooks or materials for which they have or will receive royalties or revenue, this decision shall be reviewed by the Unit Head, who shall determine whether the selection is appropriate, taking into account the criteria above. The purpose of the review is to disclose and to manage any actual or potential conflict of interest. The Unit Head may authorize that the review be conducted by a designee if certain disciplinary expertise is needed or if the Unit Head cannot provide a neutral review. If the Unit Head cannot identify a designee, then the review shall be conducted by the Dean or designee.

Responsibilities of the GVSU Laker Store:

- The GVSU Laker Store will continue to reduce textbook prices whenever possible.
- The GVSU Laker Store will, when available, provide a sell back option for used textbooks, and the following semester make the used copies available at reduced price and display them next to the new ones.
- When filling departmental textbook orders, the GVSU Laker Store shall acquire as many used but still up to date copies as possible, make them available at reduced price, and place them next to the new ones.
- The GVSU Laker Store will display the required texts and materials with the course instructors' names and course section numbers. This will help students make informed decisions when finalizing course schedules.

TRAINING OF PERSONNEL INVOLVED IN ANIMAL RESEARCH

SLT 3.13

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Center for Scholarly and Creative Excellence

POLICY STATEMENT

In conduction of research, all people working with laboratory animals must be qualified to do so in order to ensure the humane treatment of animals. As such, Grand Valley complies with the Animal Welfare Act as described below.

PROCEDURES

The Animal Welfare Act (AWA) Sec. 2.32 (a), (b), and (c) specify:

(a) It shall be the responsibility of the research facility to ensure that all scientists, research technicians, animal technicians, and other personnel involved in animal care, treatment, and use are qualified to perform their duties. This responsibility shall be fulfilled in part through the provision of training and instruction to those personnel.

(b) Training and instruction shall be made available, and the qualifications of personnel reviewed, with sufficient frequency to fulfill the research facility's responsibilities under this section and §2.31.

(c) Training and instruction of personnel must include guidance in at least the following areas:

(1) Humane methods of animal maintenance and experimentation, including:

(i) The basic needs of each species of animal;

(ii) Proper handling and care for the various species of animals used by the facility;

(iii) Proper pre-procedural and post-procedural care of animals; and (iv) Aseptic surgical methods and procedures;

(2) The concept, availability, and use of research or testing methods that limit the use of animals or minimize animal distress;

(3) Proper use of anesthetics, analgesics, and tranquilizers for any species of animals used by the facility;

(4) Methods whereby deficiencies in animal care and treatment are reported, including deficiencies in animal care and treatment reported by any employee of the facility. No facility employee, Committee member, or laboratory personnel shall be discriminated against or be subject to any reprisal for reporting violations of any regulation or standards under the Act;

(5) Utilization of services (e.g., National Agricultural Library, National Library of Medicine) available to provide information:

(i) On appropriate methods of animal care and use;

(ii) On alternatives to the use of live animals in research;

(iii) They could prevent unintended and unnecessary duplication of research involving animals; and

(iv) Regarding the intent and requirements of the Act.

The *PHS Policy*, Section IV.C.1.f. places the responsibility specifically with the IACUC to ensure that personnel conducting procedures on research animals are appropriately qualified and trained in those procedures. The Institutional Animal Care and Use Committee may require additional training for each individual, depending on their prior training and experience with animals.

UNITED STATES GOVERNMENT DOCUMENTS INTERNET USE

SLT 3.14

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
University Libraries

POLICY STATEMENT

Grand Valley State University Libraries will provide the public with free and unrestricted access to online government information provided through the Federal Depository Library Program in accordance with section 1911 of Title 44, *United States Code*.

PROCEDURES

The public is able to access these materials on the Government Documents personal computers in Mary Idema Pew Library Learning & Information Commons and Steelcase libraries. Patrons are not required to provide any form of identification to use these computers, although they will need to see a librarian or staff person at the reference desk to login. Patrons using these computers are expected to adhere to the university's policies regarding the use of electronic resources.

SPACE ASSIGNMENT POLICY

SLT 3.15

Date of Last Update:
July 16, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
Provost and Facility Planning Offices

POLICY STATEMENT

Space is an institutional resource of Grand Valley State University. As such, it does not belong to an individual, a program, a unit or a college and may be reassigned in the best interests of the University. The goal of the University's allocation and reallocation of space is to achieve the highest and best use of University resources.

The Provost's Office is responsible for assigning and overseeing space used for academic purposes, including classrooms, laboratories, academic secretarial spaces, and faculty offices. It discharges that responsibility by working closely with the Facilities Planning Office to maintain and remodel existing space; to allocate and reallocate that space; to help plan, schedule, and coordinate moves; to plan new space; and to explain allocation and reallocation decisions.

The Facilities Planning Office is responsible for overseeing all non-academic space, including outdoor space. It discharges that responsibility by working closely with the Provost's Office to maintain and remodel existing space; to allocate and reallocate that space; to help plan, schedule, and coordinate moves; to plan new space; and to explain allocation and reallocation decisions.

At least annually, Facilities Planning will conduct a physical review of space to investigate identified issues or potential space issues that need attention.

Periodically, the Provost's Office and the Facilities Planning Office will meet with appropriate representatives of the University's organizational units to discuss upcoming moves and longer term plans for expansion and/or contraction.

This policy is applicable to all departments, offices, University employees and other members of the University community occupying space owned or leased by the University.

ADOPTION LEAVE POLICY

SLT 4.1

Date of Last Update:
December 14, 2021

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

The University recognizes the need for family and medical related leave. The following policy complies with the Family and Medical Leave Act (FMLA) and provides guidelines for procedures regarding paid or unpaid leave. By enacting this policy Grand Valley aims to allow necessary time away from the university for individuals to cope with and adapt to various family and medical related situations as described in this policy.

PROCEDURES

Adoption Leave

Grand Valley State University provides paid time off for bonding for all GVSU employees who are eligible for salary continuation/short term disability policies holding parental relationships for adoption. Please refer to the Parental Leave Policy regarding paid leave time.

Qualifying Expenses

Qualifying adoption expenses will be reimbursed up to a maximum of $3,000 per child. Qualifying expenses are defined as those that are reasonable and necessary adoption fees, court costs, attorney fees, traveling expenses while away from home, and other expenses related to, and whose principal purpose is for, the legal adoption of a child.

Process for Applying for Benefits

Upon formal placement of the adopted child, submit an adoption assistance claim form to Human Resources at 1090 James H. Zumberge Hall along with detailed receipts for eligible expenses. Human Resources will determine eligible expenses, the amount payable for reimbursement and will submit a request to the Payroll Office for payment. The reimbursement will be processed with the next payroll.

Taxation of Benefits

The amount of tax credits and exclusions available to adopting parents vary. Since an employer's adoption assistance is not subject to income tax withholding, GVSU will not determine the extent to which the payment of reimbursement on behalf of each employee is eligible for the exclusion. However, GVSU will withhold taxes only for Social Security and Medicare.

Adding Dependent to Insurance

At the time of placement, you may add your child to your benefit plans. Any additions or changes must occur within 30 days of the official placement. Contact Human Resources at 331- 2215 to add dependent.

EXERCISE RELEASE TIME POLICY

SLT 4.2

Date of Last Update:
February 04, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

Faculty and staff well being is valued at GVSU. Physical activity is a vital component to wellbeing and GVSU strives to increase the ability for faculty and staff to take time to fit physical activity into their day. The exercise release time policy reflects University's mission by providing opportunities for faculty and staff to maintain optimal health and capacity to educate students. The policy supports university values, specifically sustainability and effective teaching. The concept of sustainability includes modeling a lifestyle of healthy living through active living, which this policy supports.

The policy provides opportunities for physical activity during the workday encouraging and promoting health risk reduction. It has been shown that physical activity increases attentiveness, reduces stress and biochemical functions such as blood pressure and glucose levels. A healthier faculty and staff population with fewer health risks can increase the number of positive interactions between faculty, staff and students through improved attentiveness, reduced stress and more.

Upon supervisor approval, GVSU staff may utilize up to two (2) 30 minute time periods a week to allow time to freshen up from, or to prepare for, a fitness class or individual workout. Pending schedules and workload, up to two additional 30-minute time periods per week may be permitted. This time can be added to the beginning of the workday, added to the lunch period, or to the days end and is inclusive of travel time if needed (i.e. to the Field house or YMCA for a class). Days and times to utilize this policy may be determined with the help of a written agreement between the supervisor and staff member (see HR website for this optional written agreement form). The release time may be divided into time prior to or after the indicated workout period. For further information contact Human Resources at 331-2215.

FAMILY AND MEDICAL LEAVE ACT (FMLA) POLICY

SLT 4.3

Date of Last Update:
February 04, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

The Family and Medical Leave Act of 1993 (FMLA) gives eligible Grand Valley State University faculty and staff the right to take unpaid leave or paid leave, if appropriate benefits have been earned, for a period of up to 12 work weeks in a 12-month period because of the birth of a child or the placement of a child for adoption or foster care, because the faculty or staff member is needed to care for a family member (child, spouse, or parent) with a serious health condition, or because the faculty or staff member's own serious health condition makes them unable to do their job, or because of any qualifying exigency arising out of the fact that the staff member's spouse, child, or parent is a covered military member on active duty (or notified of impending call or order to active duty) in support of a contingency operation, or to care for a covered servicemember with a serious injury or illness if the staff member is the spouse, child, parent, or next of kin of servicemember. Leave taken for one or more of these reasons, when combined together, may not exceed 12 weeks during the rolling backward 12-month period. Under certain circumstances, this leave may be taken on an intermittent basis rather than all at once, or the faculty or staff member may work a part-time schedule.

PROCEDURES

A faculty or staff member on FMLA leave is entitled to maintain the same health benefits (such as medical, dental and vision insurance) as they had before going on leave. The faculty or staff member, however, would continue to pay their share of any applicable premiums during the leave period.

A faculty of staff member generally has a right to return to the same position or an equivalent position with equivalent pay, benefits and working condition at the conclusion of the leave.

Grand Valley State University also requires notification, as explained in this policy, from faculty and staff members who wish to take a leave under the parameters of the FMLA.

A. Who is eligible for FMLA?

1. All full-time and part-time faculty or staff members who meet all of the following criteria:

a. Have worked at Grand Valley State University for at least 12 months.

b. Have worked at least 1,250 hours of service during the 12-month period before the leave.

2. Grant, contract and temporary-funded faculty or staff members may be eligible for benefits under the FMLA during the term of their grant, contract or funding. The provisions of the FMLA do not continue past the date the funding or contract expires.

B. Notification Requirements

1. In order to receive leave under the FMLA, the faculty or staff member must notify their supervisor and Human Resources of the need for leave. When possible, this should be a minimum of 30 calendar days prior to the date the leave will begin.

2. If the faculty or staff member is unable to provide 30 days advance notice (such as a medical emergency) the faculty or staff member must notify their supervisor and Human Resources as soon as possible.

3. Failure to provide advance notice (when determined it was possible to do so) may result in delaying approval of the FMLA leave.

C. Faculty/Staff Job Rights

1. Subject to the specific limitations contained in this Policy, eligible faculty or staff members may take a total of up to 12 weeks of FMLA leave during a 12- month period.

2. The faculty or staff member will be returned to their position or equivalent position at the end of the FMLA leave, provided: the grant/contract/term of employment did not expire during the leave, or the University is still offering those services previously performed by the faculty or staff member at the time the faculty or staff member is ready to return to work, or the faculty or staff member's position was not eliminated due to a business or economic reason.

3. If a faculty or staff member is requesting an intermittent or reduced schedule leave, the University has the right to transfer the faculty or staff to another position during the time period of such leave. However, such a temporary transfer would be to a similarly situated and similarly classified position. The faculty or staff member's salary, benefits, etc. would not be negatively affected.

4. If a faculty or staff member does not return to work after the FMLA leave is over and they do not apply for and receive approval for another University leave, they will be considered to have voluntarily resigned employment with the University.

5. The University will not discharge or discriminate against, or otherwise interfere with, restrain or deny a faculty or staff member from exercising rights under the FMLA.

D. Time Period

1. For purposes of the FMLA, the 12-month period will be a "rolling" 12-month "look back" period based on the faculty or staff member's use of the FMLA leave during the previous 12 months. Therefore, an employee will not be entitled to more than 12 weeks of FMLA leave during any 12-month period.

2. A faculty or staff member requesting a FMLA leave may be required to use available accrued vacation for all or part of the leave. If they do not have enough accrued vacation to cover the leave period they may use a combination of vacation and unpaid leave.

3. University policies on leaves of absences, sick leave, salary continuation etc., will run concurrently with the provisions of the FMLA when applicable. Additional paid or unpaid leave may be considered, consistent with other University approved leave of absence policies.

E. Faculty/Staff Member Benefits

1. The faculty or staff member on FMLA leave will continue to receive University provided medical and dental insurance as though they were working. Such benefits will continue whether the leave is paid or unpaid. If a premium is required, provision to pay the premium during an unpaid leave must be arranged by the faculty or staff member by contacting the Human Resources Office. The same procedure will be followed for collecting premiums under an unpaid FMLA leave as is done for other unpaid leaves. Failure to make required payments will result in loss of coverage, or in an obligation to repay the University if it elects to advance moneys to keep the coverage in affect. If the leave is paid, any required premium will continue to be deducted from the faculty or staff member's paycheck, as is the customary manner.

2. If a faculty or staff member does not return from the FMLA leave, they may be required to repay the University for the cost of benefits received while they were on leave.

3. If the faculty or staff member does not return from leave, they may continue their medical and dental coverage by paying all required premiums under the COBRA provisions.

F. Intermittent and/or Reduced Schedule Leaves

1. Faculty or staff members may request and be granted intermittent/reduced schedule leave in the case of a serious illness of themselves, their parent, spouse or child if there is a medical necessity, or for the birth of a child, adoption or foster care in collaboration with approval of the supervisor, and if the leave needs can be best accommodated through such a leave.

2. Intermittent/reduced schedule leave must be scheduled whenever possible at least ten (10) days in advance.

3. Intermittent/reduced schedule leave must be taken in 15-minute increments.

4. Intermittent/reduced schedule leave is counted toward the 12 week maximum FMLA leave which can be used during a 12-month period.

5. Intermittent/reduced schedule leaves, unless otherwise noted, are subject to the appropriate general provisions of this policy.

6. The faculty or staff member is required to schedule intermittent leave, when possible, so not to unduly interfere with the department's operations.

7. If the faculty or staff member was temporarily transferred to another position during their intermittent or reduced schedule leave, the employee must give the University ten (10) days notice of the ability to end the leave and return to their former position or an equivalent position.

G. Conditions and Procedures for Birth and Adoption (Family Leave)

An eligible faculty or staff member is entitled to take up to 12 consecutive weeks off for family leave for the birth of their newborn child, for the legal adoption of their child: or, to accept foster care placement of a child. The following conditions apply:

1. The 12 weeks of leave is typically taken consecutively and must be within the first 12 months after the birth or adoption. Intermittent or reduced schedule leaves may be considered and will be done in collaboration and with the approval of the supervisor and Human Resources.

2. Each employee is entitled to 12 weeks except if both spouses work for Grand Valley State University. In that case, the total number of bonding weeks taken between the two faculty or staff members cannot exceed 12. This does not include the personal medical recovery period for a birth parent. Leave time must be taken concurrently, unless otherwise approved by the University.

3. The medical recovery period for the birth of a baby will be considered as a medical leave, and be counted towards the 12 weeks of FMLA. This bonding period must be taken within the first 12 months following the baby's birth. The bonding period will also be counted toward the 12 weeks of FMLA.

4. The faculty or staff member requesting family leave for birth/adoption (other than under the provisions of Income Protection) may use available accrued vacation time, unpaid leave or a combination of paid and unpaid leave as part of the FMLA leave, or the University may require the faculty or staff member to substitute available paid leave for FMLA leave. If the employee does not have enough paid benefit time to cover the leave, they will go on an unpaid leave.

5. Verification of adoption, birth of a child of foster placement may be requested.

H. Procedures on Serious Health Condition of Family Member

An eligible faculty or staff member is entitled to take up to 12 weeks off from work to care for a spouse, parent or child with a serious health condition.

1. A serious health condition means an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

2. The "need to care for" a family member includes both physical and psychological care when the family member is unable to care for their own basic medical hygienic or nutritional needs or safety, or is unable to transport themselves to the doctor, etc. It also includes time needed to make arrangements for changes in care, such as transfer to a nursing home.

3. A "child" includes a biological, adopted, or foster child, stepchild, legal ward, or a child of a person standing in loco parentis who is under the age of 18 or, if older than 18, is incapable of self-care because of mental of physical disability. The term "spouse" means husband or wife. "Parent" is the person who acted as a parent when the faculty or staff member was a child but does not include mother-in-law or father-in-law.

4. The leave may be taken intermittently or on a reduced schedule but the total amount of time off cannot exceed 12 weeks of the faculty or staff member's normal hours worked.

Example: Full-time faculty or staff member: 40 hours/week X 12 weeks = 480 hours

Part-time faculty or staff member: 20 hours/week X 12 weeks = 240 hours

5. Only in cases where both parents are university employees and one must stay home to take care of the other who is seriously ill, or where there is a serious illness of a child that is so serious as to require a parent to stay with the child, can each parent take 12 weeks off

I. Procedures on Faculty/Staff Member's Own Serious Health Condition

An eligible faculty or staff member is entitled to take up to 12 weeks off from work due to their own serious health condition, which prevents them from being able to perform the functions of their position.

1. A serious health condition means an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

J. Military Family Leave

1. An eligible faculty or staff member is entitled to take up to 12 weeks off from work because of any qualifying exigency arising out of the fact that the staff member's spouse, son, daughter, or parent is a covered military member on active duty (or notified of impending call or order to active duty) in support of a contingency operation.

2. Qualifying exigencies may include attending certain military events, arranging for an alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

3. The University will provide eligible employees up to 26 weeks of leave during a single (one time only) 12-month period to care for a covered service member (spouse, son, daughter, parent, or next of kin). Leave to care for an injured or ill service member, when combined with other FMLA-qualifying leave, may not exceed 26 weeks in a single 12-month period.

a. A "covered servicemember" means:

i. A member of the Armed Forces (including the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

ii. A veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first day the eligible employee take FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy of a serious injury or illness.

b. The term "serious injury or illness" means:

i. In the case of a member of the Armed Forces, means an injury or illness that was incurred (or aggravated) by the member in the line of duty while on active duty in the Armed Forces, provided that such injury or illness may render the family member medically unfit to perform duties of the member's office, grade, rank or rating.

ii. In the case of a veteran who was a member of the Armed Forces at any time during a period when the person was a covered servicemember, means a qualifying injury or illness that was incurred (or aggravated) by the member in the line of duty and that manifested itself before or after the member became a veteran.

K. Certification of Need for FMLA Leave

1. Initial Certification - Grand Valley may require certification from the faculty or staff member's health care provider for the following reasons: to verify that the faculty or staff member is needed to care for the family member, or the faculty or staff member is not able to perform their job duties. The University reserves the right to ask for a second opinion by a health care provider chosen by the University. Such an opinion will be paid for by the University. If the University requests a third opinion, that opinion will be final and binding. If the second opinion and the original opinion conflict, the University will pay for a third opinion. The University and the faculty or staff member will work together to reach agreement on whom to use for the third opinion. All certification must be provided to the University within 15 calendar days of the University's request, if practical. The third opinion will be final and binding.

2. Continuing Certification - Each 30 days, the University may request verification of the need to continue the leave. Failure to provide such requested documentation in a 15-day period may result in termination of FMLA leave.

3. A "health care provider" may include, for example, a licensed doctor of medicine or osteopathy, dentist, clinical psychologist, and other health care providers authorized under the Family Medical Leave Act.

4. When the faculty or staff member is ready to return from their leave, they may be required to submit medical verification (if applicable) of their ability to return to work.

L. Questions and Policy Interpretation

1. The Human Resources Office is responsible for implementing and coordinating the provisions of the FMLA for the campus. Questions may be directed to the Human Resources Office, extension X12215.

2. If there are any conflicts between the University policy and provisions of the Federal Act, the provisions of the Federal Act will supersede, with the exception of situations where University policy, handbooks or contracts provide benefits greater than the act. The Federal Act and the Federal regulations will be used to resolve issues that arise.

For additional information and documents for next steps visit the Time Off & Leaves website.

IDENTIFICATION CARD POLICY

SLT 4.4

Date of Last Update:
June 30, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

Grand Valley State University issues a photo identification card to all active faculty and staff members who have a full-time, part-time or temporary appointment. This card is to be used for purposes of identification at all Grand Valley campuses. Lost or stolen ID cards should be reported to Human Resources. In the event of a name change, a new card will be issued.

ID cards for faculty and staff members can be obtained by visiting the Allendale Student Assistance Center at 300 STU on the Allendale campus, or the Student Assistance Center in the DeVos Center in downtown Grand Rapids. Retirees may also obtain an ID card at these locations.

Upon separating from the University, faculty and staff members will turn in their ID cards to Human Resources. ID cards belong to Grand Valley State University and are not transferable nor can they be used by anyone other than the person to whom it was issued.

MILITARY LEAVE OF ABSENCE POLICY FOR FACULTY STAFF

SLT 4.5

Date of Last Update:
February 04, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

Grand Valley State University faculty and staff members in the Armed Forces, Reserves, National Guard, or other "uniformed services" who are called to active duty will be granted an unpaid leave of absence and reinstatement privileges as prescribed by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

"Uniformed services" includes: active duty, active duty for training, active duty for special work, weekend or weekday drill, funeral honors, or fitness for duty examination (whether voluntary or involuntary).

PROCEDURES

Military leave is available to all full and part-time faculty and staff of the University, including probationary staff members.

A. Military Duty Pay

A regular faculty or staff member who loses time from work during their regular schedule of hours because of military training as a reservist or National Guardsman or due to a civil disturbance, not exceeding four (4) weeks per year, shall be paid the difference between their base military pay and their regular pay. Adjunct faculty and temporary staff members are not eligible for military duty pay.

B. Benefits

The University will continue to provide health insurance for benefit eligible faculty and staff members, as well as their enrolled dependents, who are on duty less than thirty (30) days. Faculty and staff members serving for more than thirty 30 days may elect to continue health insurance coverage for themselves and any enrolled dependents through COBRA.

C. Leave Period

Faculty and staff members are entitled to an unpaid military leave of absence, with reemployment rights, for a period up to five years. The five years is a cumulative total and includes both past and present military service. Military leave for adjunct faculty and temporary staff will not extend beyond the appointment end date.

D. Reinstatement Requirements

Regular faculty and staff members have the right to be reemployed at the University following a military leave of absence as long they meet the following reinstatement requirements.

1. The faculty or staff member ensures that Human Resources or the applicable appointing officer receives advance written or verbal notice of your service.
2. The faculty or staff member has five (5) years or less of cumulative service in the uniformed services while employed at the University.
3. The faculty or staff member returns to work or applies for reemployment in a timely manner after conclusion of service, and
4. The faculty or staff member has not been separated from service with a disqualifying discharge or under other than honorable conditions.

Military leaves of absences for temporary staff and adjunct faculty will not extend beyond the appointment end date.

If eligible to be reemployed, a faculty or staff member has the right to be restored to the job and benefits they would have attained if they had not been absent due to military service or, in some cases, a comparable job. The faculty or staff member's seniority would also be restored to the level they would have attained if they have been on duty at the University continuously.

Questions and Policy Interpretation

The Human Resources Office is responsible for implementing and coordinating the provisions of the Military Leave of Absence Policy for the University. Questions may be directed to the Human Resources Office at (616) 331-2215.

If there are any conflicts between the University policy and provisions of the Federal Act, the provisions of the Federal Act will supersede, with the exception of situations where the University policy, handbooks or bargaining agreements provide benefits greater than the act. The Federal Act and the Federal regulations will be used to resolve issues that arise.

SMOKING (AND VAPING) POLICY

SLT 4.6

Date of Last Update:
May 05, 2025

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY STATEMENT

Grand Valley State University acknowledges the findings of the Surgeon General that tobacco use in any form, active and/or passive, is a significant health hazard. Further, environmental tobacco smoke has been classified as a Class-A carcinogen and there is no known safe level of exposure to environmental tobacco smoke. GVSU has determined that it is in the best interest for the health of its community to ban the use of tobacco products in any form at any location owned or controlled by the university.

Eliminating opportunities for exposure to secondhand smoke protects the overall health of non-smokers. By updating this policy, Grand Valley State University is taking action to remove exposure to the harmful effects produced by smoking for the benefit of all members of the University Community.

Pursuant to this policy, no person* (a) shall smoke or vape or (b) otherwise use any product derived from or containing tobacco on any property owned or controlled by the university or in any vehicle owned, leased, or rented by the university. Products derived from or containing tobacco may not be sold on any property owned or controlled by the university. For the purposes of this policy, to "smoke" means to inhale, exhale, burn or carry any lighted or heated product including but not limited to tobacco or other plant material intended for inhalation, whether natural or synthetic. To "smoke" also includes the use of a pipe or hookah or any electronic smoking device which creates, in any manner, an aerosol or vapor, in any form or any other oral smoking device. Products derived from or containing tobacco include without being limited to cigarettes, (including clove, bidis, kreteks), electronic cigarettes, aerosol or vapor nicotine delivery devices, cigars/cigarillos, pipe tobacco, hookah-smoked products, and oral tobacco (spit and spitless, smokeless, chew, snuff).

*Traditional Native American spiritual, ceremonial, and cultural tobacco use is permitted on campus with prior approval by the requestor's supervisor. If the use is for religious purposes, requestors should refer to the Religious Accommodation policy.

Individuals who smoke and who wish to quit are encouraged to take advantage of the following smoking cessation resources. Smoking cessation supports are available at the Campus Health Center, Alcohol & Other Drug Services (for students), local pharmacies, primary health care providers, and the local health departments. Students, faculty, and staff are encouraged to call ahead to inquire about fees. Prior to use of the campus health center, prospective patients may want to check with their health insurance provider to see if costs of any smoking cessation supports can be covered. Additional supports may be available through The Truth Initiative

Tobacco/Vape-Free College Program Grant awarded to GVSU in 2024. This student led program will support Faculty, Students, and staff through the transition with educational and advocacy activities, to include free smoking cessation products.**All FDA approved nicotine replacement therapy products will be permitted when used for purposes of smoking cessation.**

Additional resources:

- Nicotine eCheckup - AOD - Alcohol & Other Drugs Services - Grand Valley State University (gvsu.edu)
- Free Patches, Gum & Lozenges - 802Quits
- Where To Get Help When You Decide To Quit Smoking - NCI (cancer.gov)
- Quitting smoking / vaping | Truth Initiative
- Tobacco Prevention - Ottawa County, Michigan (miottawa.org)
- Cessation Resources (kentcountyhealthconnect.org)
- How to Quit | Smoking & Tobacco Use | CDC

Policy Enforcement

This policy assumes that with notice to our community, individuals present on campus will voluntarily adhere to this policy and enforcement will not be needed. Concerns about an individual's compliance with this policy should be addressed through existing procedures, depending on that individual's status as a student, faculty, staff, or visitor.

For additional information on the effects of cigarette smoking please visit: The Centers for Disease Control and Prevention.

ALCOHOL AND OTHER DRUGS POLICY

SLT 5.1

Date of Last Update:
October 30, 2018

Approved By:

- Senior Leadership Team

Responsible Office:
Alcohol and Other Drugs Campus Education and Services Office (ACES)

POLICY

Grand Valley State University strives to provide a healthy University community free of the abuse of alcohol or other drugs and illegal or unauthorized use of alcohol and controlled substances. This commitment to students, faculty, and staff is evidenced by the:

- Publication of standards of conduct and University policies
- Provision of alcohol and other drug abuse prevention programs
- Availability of counseling, treatment, and rehabilitation resources
- Enforcement of applicable University policies
- Enforcement of federal and state laws and local ordinances that govern alcohol and other drug use (including underage drinking, hosting, and furnishing laws)
- Promotion of an environment that supports healthy choices

The unlawful manufacture, possession, use, distribution or dispensation of illicit or prescription drugs and the unlawful possession, use, or distribution of alcohol by faculty, staff, and students on University-controlled property or as part of University activities is prohibited. This prohibition includes Marijuana as federal law bans it from University owned and controlled property and workplaces. All University employees will, as a condition of employment, abide by the terms of this policy. Faculty, staff, and students are responsible for making decisions within the context of University policies and federal, state, and local laws related to alcohol and other drugs.

The Alcohol and Other Drugs Policy Handbook (www.gvsu.edu/aces) includes information about University drug and alcohol abuse prevention programs; health risks; counseling, treatment and rehabilitation resources; legal sanctions and summary of laws; University employee and student sanctions for violations of alcohol and other drug policies; employee notification obligations; requirements for Federal grant recipients; and links to additional University policies, procedures, and resources.

POLICY STATEMENT

This policy and the Alcohol and Other Drugs Policy Handbook will be electronically distributed annually to all faculty, staff, and students. The coordinator of the ACES (Alcohol & Other Drugs Campus Education and Services) Office will conduct the required review, no less than biennially, in even-numbered years.

ANIMALS ON PROPERTY OWNED OR CONTROLLED BY THE UNIVERSITY

SLT 6.1

Date of Last Update:
August 23, 2024

Approved By:

- Senior Leadership Team

Responsible Office:
Public Safety

POLICY

This Policy applies to all faculty, students, staff, contractors, vendors, and visitors.

POLICY STATEMENT

This policy is intended to enhance the safety and health of students, faculty, staff, contractors, vendors, and other visitors and to supplement the existing GVSU policies, by providing rules and regulations regarding the presence of animals in GVSU facilities.

No person shall bring any animal(s) onto University-owned or controlled property unless otherwise permitted by this or other University policy as listed below. *

Service Animals, Service Animals in Training, and Emotional Support Animals are exempt from this policy and are permitted on University-owned or controlled property in accordance with the University's Service Animal and Emotional Support Animal Policy.

PROCEDURES

A. Permitted Animals:

1. Animals accompanied by members of the University community and visitors, provided that the animal remains on sidewalks and University walkways.
2. Animals being transported and which remain inside of a vehicle.
3. "Duty animals" under the control of a law enforcement officer or animals used for "assisted therapy" in the University Counseling Center. These animals are trained and certified to provide psychological, physiological, and law enforcement duties to individuals or groups.
4. Animals approved by the University for use in research or for instructional purposes.
5. Animals brought on campus for a special event sponsored by the University or a student organization provided that the event has been pre-approved in writing by the Dean for the sponsoring college or department or by the Office of Student Life.

B. General Requirements:

1. All animals must be licensed, vaccinated, and tagged as required by applicable law.
2. All animals must be under the control of their owner and leashed or in an appropriate animal carrier.
3. Persons bringing animals onto University owned or controlled property as permitted by this Policy are solely responsible for:

   a. Ensuring that animal droppings or other waste are picked up, thoroughly cleaned up, and properly disposed of in designated outdoor receptacles.
   b. Reimbursing the University for the costs associated with the repair of any real and/or personal property and/or University facility damaged directly or indirectly by the animal or the animal's presence.
   c. Assuming full responsibility for any harm caused to others by their animal, including medical expenses.

4. Animals may not be cleaned or groomed in rest rooms, locker rooms, or other University facilities, except as authorized by University personnel.
5. Individuals bringing animals on campus must comply with all other applicable University ordinances, policies, practices, and procedures and any applicable local, state, or federal ordinance, statute and/or regulation.

C. Enforcement of Complaints:

1. If you become aware of a violation of this policy, you are encouraged to attempt informal methods of resolution. For example, if you recognize the person violating this policy, you might contact them or their supervisor to make them aware of the problem. If that is not successful and/or if you are not comfortable approaching the person violating the policy or their supervisor, then the Department of Public Safety should be notified. The Department of Public Safety may pick up the animal and hold it for 48 hours. Animals not claimed during that time will be turned over to the county animal control officer and the owner of the animal will be responsible for any associated fees.
2. Students in violation of this policy will be referred to the University conduct process through the Dean of Students Office and may be assessed a fine of up to $250. Employees in violation of this policy will be referred to the Human Resources Office for possible disciplinary action.

D. Policy Modifications

Faculty and staff wishing to request a modification or exception to this policy as a reasonable accommodation should contact the Employee Accessibility Resources.

Students wishing to request a modification or exception to this policy as a reasonable accommodation should contact Student Accessibility Resources.

*For purposes of this Policy, "University Facility or Facilities" means any building, facility, structure, or improvement, open or enclosed, that is owned, licensed, leased by, or under the control of the University.

CONFLICTS OF INTEREST POLICY

CANCELLATION/CLOSURE/REMOTE POLICY

SLT 6.3

Date of Last Update:
February 20, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Finance and Administration

POLICY STATEMENT

Grand Valley State University has four operating status: Open, Classes Canceled, Closed, or Remote. The operating status of the university could change for a variety of reasons including emergency, utility disruptions, or weather.

TYPES OF OPERATIONAL CHANGE:

- **Open:** The University's normal operating condition. Students, faculty and staff should assume the university is open unless advised otherwise. County or State Health Department Orders, Executive Orders or similar directives may require temporary modifications to University operations without changing the University Operating Status.

- **Remote:** The most common reason to shift to remote status would be for weather related reasons. Classes will shift to remote delivery whenever feasible. Classes that cannot be delivered remotely will not be held. Staff will shift to remote/work from home whenever possible. Essential staff are to report to work. Athletic contests may be held as previously planned subject to approval by the Vice President of Finance and Administration. Other campus events may be held as previously planned subject to approval by the President or Vice President whose division is sponsoring the event.

- **Classes Cancelled:** Only classes are cancelled. The remainder of the University is open as normal. All staff are to report to work at their regular time. Rare instances of cancelling classes might include unusual student activities or student related crises.

- **Closed:** Classes and campus events will not be held. Only ESSENTIAL staff are to report to work. The university would normally only close for significant and unanticipated events like natural disasters or civil unrest in the surrounding community. It is not anticipated the university would close for weather related events.

When GVSU is **closed or shifts to remote**, only **essential staff** are to report. Designated personnel in the following departments are deemed essential and are expected to report:

- **Department of Public Safety**
- **Facilities Services**
- **Athletic & Recreation Facilities**
- **Food Service**
- **Housing**
- **Information Technology**
- **Library**
- **Facility Services Grand Rapids and Regional Campuses**
- **WGVU Television and Radio**
- **Kirkhof Center**
- **Campus Health Center**

Appointing officers have discretion to call in non-essential staff as circumstances may require.

Students, faculty and staff should assume the university is open unless they are advised otherwise through GVSUAlert!, the university's emergency notification system, or on www.gvsu.edu. Radio or television announcements should be confirmed with GVSUAlert or www.gvsu.edu. In the case of a shift to remote, every reasonable effort will be made to make the announcement the day prior in order to provide ample time to enable the shift to remote class delivery and work from home preparation for employees.

Guidelines for course delivery in the event of University cancellation, closure or remote status are available here: www.gvsu.edu/provost/guidelines-for-course-delivery-in-the-event-of-university-cancellationclosureremote-status-54

University Criteria for Weather-related Shifts to Remote

In evaluating whether to shift to remote for weather-related reasons, the following criteria are used: 1) the ability of the university's road crews to keep campus roads and parking lots cleared; 2) the conditions of primary and secondary roads in the area as reported by the Michigan Department of State Police as well as by central dispatch authorities in Kent and Ottawa counties; 3) weather reports regarding the track of the storm and other conditions, and 4) the anticipated length of time of the weather impacts campus operations

Because commuting students, faculty and staff come from such a broad geographic area, it is extremely difficult to arrive at a decision that is appropriate for each vicinity. Weather conditions rarely are uniform throughout this large area. There is no one decision that will satisfy everyone; however, a diligent effort is made to arrive at a reasonable decision that considers the safety of students, faculty and staff. Under no circumstances does GVSU ask students, faculty or staff to assume undue risk in traveling to the University in inclement weather.

When GVSU Allendale shifts to remote because of weather-related conditions, the Pew Grand Rapids Campus, Health Campus and the Meijer Holland Campus will also shift to remote.

GVSU's classes in Muskegon and the Stevenson Center for Higher Education will follow the operating status of Muskegon Community College.

GVSU's classes in Traverse City will follow the operating status of Northwestern Michigan College.

The operating status of the Annis Water Resources Institute (AWRI), the Muskegon Innovation Hub and the Detroit Center will be made separately, as these facilities host tenants, business events, and functions not necessarily affiliated with university operations.

Any changes in the University's operating status will be made through GVSUAlert!, on the Grand Valley web home page www.gvsu.edu and on GVNext at www.gvsu.edu/gvnext. Notifications may also be heard on area radio and television stations. Please do not call the university switchboard regarding the University's operating status.

ENDOWMENT SPENDING

SLT 6.4

Date of Last Update:
September 26, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

Each year the University Board of Trustees approves spending rates for true and quasi-endowments. These rates are used to calculate the amount that can be distributed from each endowment. Only investment income is distributed from true endowments, as the principal must be maintained intact in perpetuity. Payouts are calculated quarterly for the current fiscal year based on the average balance over a rolling three-year period net of the endowment administration fee. Effective July 1, 2024, the payout will occur annually, during the first quarter of the fiscal year.

An endowment requires a minimum balance of $50,000 in principal before spending can begin.

PROCEDURES

A spending fund is created for each endowment so that monies are expended according to the purpose for which the endowment was established; usually a restricted fund is utilized for true endowments and a designated fund for quasi-endowments. Documentation that supports how the funds are expended must be maintained for five years. Specifically, for true endowments established to fund scholarships, the selection committee must ensure that documentation regarding the criteria utilized for candidate selection and award is maintained for a five-year period.

EQUIPMENT ACQUISITION AND DISPOSAL POLICY

SLT 6.5

Date of Last Update:
July 10, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

GVSU Procurement Services (331-2280) is responsible for the acquisition and disposal of University-owned equipment, as outlined below.

PROCEDURES

1. ACQUISITIONS

A. New Equipment with a Value Greater Than $ 5,000.00

If your department has received new equipment and its cost is greater than $ 5,000.00, it needs to be tagged for inventory purposes. This process involves the placement of an inventory tag on the equipment plus recording of pertinent information – serial number, model number, location of equipment and the department, which purchased the equipment. To have equipment tagged contact the Accounting Office at 331-2233.

B. New Equipment with a Value Less Than/Equal to $ 5,000.00

If your department has received new equipment and its cost is less than or equal; to $ 5,000.00, tagging is optional.

C. Technology Acquisition Policy

For IT acquisitions, also consult the IT Technology Acquisition Policy, SLT Policy 11.14.

2. DISPOSAL

Procurement Services is responsible for the disposal of surplus, obsolete and worn-out equipment. Disposal requests can be submitted using the Disposal Request Form which will trigger the asset tag removal process. Refer to the Business and Finance Disposal Procedures which includes guidance on IT equipment disposals or contact 616-331-8107 for disposal advice.

CAMPUS POSTING POLICY

SLT 6.7

Date of Last Update:
August 21, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Student Affairs Communications and Engagement

POLICY STATEMENT

A. Policy Statement

This policy is intended to establish a uniform system of regulating posters, banners, yard signs, chalking and digital signage (“Postings”) across campus. The primary function of a Posting must be to provide information. All Postings on Grand Valley State University (“University”) owned and controlled property, must be handled consistent with these standards. Postings are only permitted by members of the University community, unless otherwise approved, as outlined in more detail within the accompanying procedures.

B. General Rules

All individuals seeking to display a Posting on campus must abide by the following guidelines when creating Postings and submitting requests for Postings on University owned and controlled property. These guidelines do not pertain to Postings within the private office space of employees or private residences. Postings inconsistent with this policy are subject to removal by University officials.

1. Postings must have the primary function of providing information about a University organization or event.
2. Postings must contain the name of the organization or department responsible for the posting or event. Postings promotional in nature, must include contact information for the person or group responsible (such as URL, email, social media handle, or phone number).
3. Consistent with the University’s Grounds and Facilities Use Policy, Postings must not contain Expressive Activity and must not contain unprotected speech as defined.
4. Consistent with the University’s Political Activity Policy, Postings must not promote or oppose a candidate for office or a ballot question.
5. Postings must not contain information inconsistent with the University’s Policy Prohibiting Discrimination, Harassment, and Other Misconduct.
6. Postings must comply with all other University policies and handbooks.
7. Postings will hang for a maximum of 1 month (or until the day after the event has concluded, whichever occurs first) unless otherwise indicated in this policy or the accompanying procedures.
8. The unauthorized damaging, defacing, altering, tearing or removing of approved postings is prohibited.
9. Postings must not include any promotion of the sale or use of drugs/alcohol.
10. Postings must not include graphic portrayals.
11. Postings must not include any promotion of unlawful activity.
12. The University is not responsible for damage to, or the replacing of, unapproved postings.
13. No material may be hung using a permanent or damaging adhesive.

C. Procedures

See the accompanying **Campus Posting Procedures**, which have been established to provide clear guidance and alignment with this policy. All individuals seeking to have Postings on campus must follow the procedures outlined.

HEATING AND COOLING SET POINTS

SLT 6.8

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Facilities Services

POLICY STATEMENT

The University established standard set-points for heating and cooling on all campuses in order to conserve resources and control energy costs. These standards are described below.

PROCEDURES

During the winter season the heating controls are set at a maximum of 70°F. During the summer season the minimum cooling temperature will be 76°F. Facilities Services will respond to hot/cold calls to ensure that systems are running properly, but will not adjust the temperatures to levels outside of the standards.

Facilities Services also discourages the use of space heaters and fans in areas that are at the accepted standard temperature levels above. If there is a special need please contact Facilities Services at 331-3000.

IDENTITY THEFT DETECTION POLICY

SLT 6.9

Date of Last Update:
May 05, 2009

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

Grand Valley State University (GVSU) will comply with the applicable requirements of 16 C.F.R. 681, a federal regulation issued by the Federal Trade Commission (FTC) as part of the implementation of the Fair and Accurate Credit Transaction (FACT) Act of 2003 requiring that financial institutions and creditors (which include higher education institutions) implement written programs that provide for the detection of and response to specific activities ("Red Flag") that could be related to identity theft.

Grand Valley State University is required to adopt policies and procedures to mitigate identity theft. Activities that cause GVSU to be considered a "creditor" under the Red Flags Rule include:

1. Participating in the Federal Perkins Loan program
2. Participating in alternative or private educational loans
3. Offering institutional loans to students, faculty, or staff.
4. Offering a plan for payment of tuition throughout the semester rather than requiring full payment at the beginning of the semester.
5. Stored Value Cards

PROCEDURES

Identification of Red Flags
In order to identify relevant Red Flags, GVSU considers the type of accounts that it offers and maintains, methods it provides to open its accounts, methods it provides to access its accounts, and its previous experience with identity theft. GVSU identifies the following Red Flags in each of the listed categories:

1. Notification and Warnings from Credit Reporting Agencies

a. Report of fraud accompanying a credit report
b. Notice or report from a credit agency of a credit freeze on an applicant
c. Notice or report from a credit agency of an active duty alert for an applicant
d. Receipt of a notice of address discrepancy in response to a credit report request
e. Indication from a credit report of activity that is inconsistent with an applicant's usual pattern or activity

2. Suspicious Documents

a. Identification document or card that appears to be forged, altered or inauthentic
b. Identification document or card on which a person's photograph or physical description is not consistent with the person presenting the document
c. Other document with information that is not consistent with existing student information
d. Application for services that appears to have been altered or forged

3. Suspicious Personal Identifying Information

a. Identifying information presented that is inconsistent with other information the student provides (example: inconsistent birth dates)
b. Identifying information presented that is inconsistent with other sources of information (example: an address not matching an address on a loan application)
c. Identifying information presented that is the same as information shown on other applications that were found to be fraudulent
d. Identifying information presented that is consistent with fraudulent activity (example: an invalid phone number or fictitious billing address)
e. Social security number presented identical to one given by another student
f. Address or phone number presented that is the same as that of another person
g. A person fails to provide complete personal identifying information on an application when reminded to do so
h. A person's identifying information is not consistent with the information that is on file for the student

4. Suspicious Covered Account Activity or Unusual Use of Account

a. Change of address for an account followed by a request to change the student's name
b. Payments stop on an otherwise consistently up-to-date account
c. Account used in a way that is not consistent with prior use
d. Mail sent to the student is repeatedly returned as undeliverable
e. Notice to University that a student is not receiving mail sent by the University
f. Notice to GVSU that an account has unauthorized activity
g. Breach in GVSU's computer system security
h. Unauthorized access to or use of student account information

5. Alerts from Others

Notice to GVSU from a student, 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

Red Flag Detections

Student Enrollment
To detect any of the Red Flags identified above associated with the enrollment of a student, GVSU personnel will take the following steps to obtain and verify the identity of the person opening the account:

a. Require certain identifying information such as name, date of birth, academic records, home address or other identification
b. Verify the student's identity at time of issuance of student identification card (review driver's license or other government-issued photo identification)

Existing Accounts
To detect any of the Red Flags identified about for an existing covered account, GVSU personnel will take the following steps to monitor transactions on accounts:

a. Verify the identification of students if they request information (in person, via telephone, facsimile or email)
b. Verify the validity of requests to change billing address by mail or email and provide the student a reasonable means of promptly reporting incorrect billing address changes
c. Verify changes in banking information given for billing and payment purposes

Consumer ("Credit") Report Requests
To detect any of the Red Flags identified above for an employment or volunteer position for which a credit or background report is sought, GVSU personnel will take the following steps to assist in identifying address discrepancies.

a. Require written verification from any applicant that the address provided by the applicant is accurate at the time the request for the credit report was made to consumer reporting agency

b. In the event that notice of an address discrepancy is received, verify that the credit report pertains to the applicant for whom the requested report was made and report to the consumer reporting agency an address for the applicant that GVSU has reasonably confirmed is accurate

Preventing and Mitigating Identity Theft

In the event that GVSU 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. Continue to monitor a covered account for evidence of identity theft
b. Contact the student or applicant for which the credit report was requested
c. Change any passwords or other security devices that permit access to covered accounts
d. Not open a new covered account
e. Provide the student with a new student identification number
f. Notify the Program Administrator for determination of the appropriate step(s) to take
g. Notify law enforcement
h. Determine that no response is warranted under the particular circumstances
i. Take appropriate steps to modify the applicable process to prevent similar activity in the future

Protecting Student Identifying Information

To further prevent the likelihood of identity theft occurring with respect to covered accounts, GVSU will take the following steps as they relate to internal operating procedures:

a. Ensure that the GVSU website is secure or provide clear notice that the website is not secure
b. Ensure complete and secure destruction of paper documents and computer files containing student account information when a decision has been made to no longer maintain such information
c. Ensure that office computers with access to covered account information are password protected.
d. Avoid use of social security numbers
e. Ensure computer virus protection is up to date
f. Require and keep only the kinds of student information that are necessary for GVSU purposes

Oversight

Responsibility for developing, implementing and updating this Program lies with an Identity Theft Committee (Committee) for GVSU. This Committee is headed by a Program Administrator appointed by the President. Two or more individuals appointed by the Program Administrator comprise the remainder of the committee.

The Program Administrator is responsible for ensuring appropriate training of GVSU personnel review of staff reports regarding the detection of Red Flags and the steps for preventing and mitigating identify theft, determining which steps of prevention and mitigation should be taken in particular circumstances and considering periodic changes to the Program.

Staff Training and Reports

GVSU staff responsible for implementing the Program shall be trained either by, or under the direction of, the Program Administrator in the detection of Red Flags and the responsive steps to be taken when a Red Flag is detected. GVSU staff shall be trained, as necessary, to effectively implement the Program. GVSU employees are expected to notify the Program Administrator once they become aware of an incident of identity theft or of GVSU's failure to comply with this Program. At least annually or as otherwise requested by the Program Administrator, GVSU staff responsible for development, implementation, and administration of the Program shall report to the Program Administrator on compliance with this Program. The report should address such issues as effectiveness of the policies and procedures in addressing the risk of identity theft in connection with the opening and maintenance of covered accounts, service provider arrangements, and significant incidents involving identity theft and management response, and recommendations for changes to the Program.

Service Provider Arrangements

When the GVSU engages a service provider to perform an activity in connection with one or more covered accounts, GVSU 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:

a. Require, by contract, that service providers have such policies and procedures in place
b. Require, by contract, that service providers review GVSU's Program and report any Red Flags to the Program Administrator or GVSU employee with primary oversight of the service provider relationship

Program Updates

The Committee will periodically review and update this Program to reflect changes in risks to students and soundness of GVSU's policies, procedures, protocols and practices from identity theft. In doing so, the Committee will consider GVSU's experience with identity theft situations, changes in identity theft methods, changes in identity theft detection and prevention methods, and changes in GVSU's business arrangements with other entities. After considering these factors, the Program Administrator will determine whether changes to the Program, including the listing of Red Flags, are warranted. If warranted, the Committee will update the Program, subject to approval by the Senior Leadership Team.

DEFINITIONS

Account- a continuing relationship established by a person with a financial institution or creditor to obtain a product or service for personal, family, household or business purpose.

Account includes:

a. an extension of credit, such as the purchase of property or services involving a deferred payment; and

b. a deposit account

Card Issuer- a financial institution or creditor that issues a debit or credit card.

Consumer Reports- any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for:

a.Credit or insurance to be used primarily for personal, family, or household purposes;

b. Employment purposes; or

c. Any other purpose authorized under U.S. Code: Title 13k, 1681b

Covered Accounts- an account that a financial institution or creditor offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions, such as a credit card account, mortgage loan, automobile loan, margin account, cell phone account, utility account, checking account, or savings account. Any account that the financial institution or creditor offers or maintains for which there is a reasonable foreseeable risk to customers or to the safety and soundness of the financial institution or creditor from identity theft, including financial, operational, compliance, reputation, or litigation. This includes all student accounts or loans that are administered by GVSU.

Debit Card- any card issued by a financial institution to a consumer for use in initiating an electronic funds transfer from the account of the consumer at such financial institution, for the purpose of transferring money between accounts or obtaining money.

Identifying Information- is any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including:

a. Name
b. Date of birth
c. Address
d. Government issued driver's license
e. Telephone number
f. Alien registration number
g. Social security number
h. Government passport number
i. Employer or taxpayer ID number
j. Student identification number
k. Computer Internet address
l. Routing code

Identity Theft- a fraud committed or attempted using the identifying information of another person without authority.

Program Administrator- the individual designated by the President with primary responsibility for oversight of the Program.

Red Flag- a pattern, practice, or specific activity that indicates the possible existence of identity theft.

Service Provider- a person that provides a service directly to the financial institution or creditor.

INTERIOR SIGNAGE STANDARDS POLICY

SLT 6.10

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Facilities Planning

POLICY STATEMENT

Grand Valley State University has developed and maintains standards that govern the design, content, appearance, installation and use of interior signage through the institution. These standards are published on the Facilities Planning Web site.

PROCEDURES

Requests for additional signage, revisions in existing signage and/or removal of signage should be handled by submitting a work order through the Facilities Services Web site or by contacting the Facilities Planning office at 331-2962.

INVOICE PAYMENT POLICY

SLT 6.11

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

All purchases must be made in accordance with terms outlined in the Grand Valley State University Board of Trustees' Policies. Payment of the resulting invoices is subject to the policies and procedures outlined below.

PROCEDURES

1. Vendors are to mail invoices to:

   Grand Valley State University
   Accounts Payable
   2015 Zumberge Hall
   Allendale, Michigan 49401

2. The University requires each new vendor to submit a W-9. Accounts Payable will either retain a file copy if the first invoice has an EIN included, or solicit a W-9 from the vendor.
3. Accounts Payable maintains original invoices. Departments will receive a copy of each invoice that will then require an approved signature based on the Banner approval queue information for the department. If the invoice references a valid purchase order, receipt of goods/services may be confirmed by any member of the requesting department via signature. If the invoice does not have a corresponding purchase order, the only requesting department staff members who may approve the invoice for payment are those authorized in the Banner approval queue. Departments must provide complete FOAPs on each invoice.
4. Department should then return invoice copies to Accounts Payable as soon as possible. The University desires to pay its obligations within the negotiated vendor terms. If these terms include discounts, they will only be given to a department if the approved invoice is returned in time for the vendor terms to be met. Please allow up to three (3) days for processing within Accounts Payable.
5. When you use a hotel that direct bills for university guests lodging you are required to provide the guest's name and the business purpose of the stay.
6. Departments disputing an invoice must follow up with the vendor and inform Accounts Payable about reasons delaying authorization and return of disputed invoices.
7. If your department receives an invoice that is not yours, please return invoice to Accounts Payable for forwarding to the correct department. If available, please note correct destination on the invoice.
8. Invoices are processed daily. Checks are processed daily and cut based on the vendors terms. All checks are mailed or funds electronically transferred to vendors. Only those checks being presented to a guest in person will be held for pickup. The goal of the Accounts Payable department is to process authorized-for-payment invoices within five business days of receipt at 2015 James H. Zumberge Hall.
9. Payments to non-employees and international guests for services rendered require a purchase order. Payments are processed in accordance with contract terms.
10. Payments to employees for services, honoraria, stipends, prizes and awards are paid via the payroll system in accordance with IRS regulations.

Any questions should be directed to Accounts Payable at 616-331-2202.

KEYS AND ACCESS CARD POLICY

SLT 6.12

Date of Last Update:
September 10, 2020

Approved By:

- Senior Leadership Team

Responsible Office:
Facilities Services

POLICY STATEMENT

The objective of this key and access card procedure is to define the system of key control at the University. Office Coordinators are urged to maintain a list of keys and access cards persons in their units possess for security and accountability purposes. Issuance and usage of keys and access cards is to be in accordance with principles of reasonable security.

PROCEDURES

FACILITIES SERVICES RESPONSIBILITIES

- Identification codes on keys
- Issuing and maintaining records of keys and cards
- Maintenance, repair, and replacement of keys and lock hardware
- Duplication of keys
- Replacement of access cards

APPOINTING OFFICERS AND SUPERVISOR RESPONSIBILITIES

- Approving keys and access cards for faculty and/or staff members in their unit.

EMPLOYEE RESPONSIBILITIES

- The employee is responsible for the security of keys and access cards assigned. Lost or stolen keys must be reported immediately to department administration, Facilities Services Allendale, Public Safety and Facilities Services Grand Rapids and Regional Centers.
- A replacement charge of $20 will be charged to the employee for each lost or stolen key or access card before a replacement can be issued. The employee will also be responsible for costs to rekey an office due to lost or stolen key.
- The replacement fee for a lost or stolen sub-master, master, lock box key or grand master will be $100 and must be paid by the employee before a duplicate is made. The employee's department will be responsible for the costs to rekey due to lost or stolen sub-master, master, lock box key or grand master key.
- Disciplinary action if needed will be left to the supervisor.
- No refunds will be issued.
- No charges to the employee who cannot return keys due to severe injury, illness or death.
- Employees who change offices will be issued new keys at the time the old keys are returned. A key request needs to be completed for the new keys. ***Employees must not transfer keys to the employee replacing them.***
- ***Employees must return keys to the Facilities Services Key Department or the Facilities Services Grand Rapids office.***
- Broken or damaged keys or access cards should be returned at the time the new key is issued to avoid a replacement fee.
- ***Under no circumstances are university keys to be duplicated or given to other employees. The person who signed for the key will be held responsible.*** Any requests for additional access are to be made through the normal request procedures. Appropriate disciplinary action will be pursued for unauthorized duplication.
- All keys and access cards are to be turned into Facilities Services Allendale or Facilities Services Grand Rapids and Regional Centers office at the time of termination of employment. ***Employees must not transfer keys to the employee replacing them.*** All terminated or retiring employees are encouraged to check with the Facilities Services Allendale Key department or Facilities Services Grand Rapids and Regional Centers office well in advance of their last day to determine what keys have been issued to them.
- The employee's department will be responsible for any keys not returned.

Levels of Keys and Issuance

A system of keys ranging from Grand Master (GM) Keys down to the lowest level key is used to satisfy user needs. Facilities Services aims to issue the smallest number of keys possible. Keys will not be issued where card access is available.

Grand Master Key is the highest-level key on campus. These keys cover all of the keyways within the entire key system. All GM key requests must receive the approval of the appropriate division heads, the Associate Vice President for Facilities Services, and the Vice President for Finance and Administration. These key(s) are issued to the Associate Vice President for Facilities, Director of Facilities, Assistant Director, or Manager of Facilities Services, the Director of Facilities Planning, Project Managers, the Director of Public Safety Services, Facilities Services Supervisors and Public Safety Officers. Other Facilities Services staff and some university personnel may be approved, but only after administrative, and executive officer authorization.

Due to the level of access granted by a GM key, all GM keys will be issued on a tamper proof key ring, and require a tracking device be added to any key ring containing this level of key. The initial tracking device will be issued by Facilities Services Allendale or Facilities Services Grand Rapids and Regional Centers. Data collected through the tracking device is for use only by Facilities Services - Allendale, Security staff, and Facilities Services – Grand Rapids and Regional Centers and is for the sole purpose of locating a GM key in the event of loss or theft. Employees are prohibited from tampering or attempting to alter or disable the tracking device or key ring which the GM key was issued. The employee will be responsible for costs associated with replacing a tracking device due to loss or theft. Replacement due to damaged, worn, or non-working tracking devices will be covered by Facilities Services – Allendale or Facilities Services – Grand Rapids and Regional Centers, so long as the damaged, worn or non-working tracking device is returned.

Master Keys operate all keyways except mechanical rooms and designated restricted areas. These keys are issued to Deans or Administrative Assistants with responsibility for all building and department activities. Custodial Staff will also be issued appropriate keys for the building to which they are assigned. Issuance of these keys must be approved by the Associate Vice President for Facilities Services.

Sub-Master Keys operate a sub-group of locks within a master key system such as an individual department. These are issued based on proof of need and require approval of the Associate Vice President for Facilities Services.

Operator Keys allow entry to individual offices or rooms. These are the primary keys issued to faculty and staff. Approval is from the Associate Vice President for Facilities Services.

Entrance Keys operate entrance doors to buildings, departments, or suites. Approval is from the Associate Vice President for Facilities Services.

File Keys are issued as requested to allow access to department files or personal office files, desks or cabinets.

Key Records

A Key record is maintained for each employee possessing a University key or access card. The information in the key system includes the employee's name, job title, department and phone number. The system also lists the date the key is issued, the key code, access location, room numbers, employee's signature, and dates of key/access card return.

Key Request Procedures

- Access to locked areas of the University is based upon need.
- Whenever possible, employees will be issued the minimum number of keys and access cards at the lowest level allowing access to their areas of assignment only.
- Students, Grad Assistants, and temporary employees will not be issued brass keys to academic buildings. Employees signing out keys for these individuals ***will*** be held responsible for the keys.
- Access cards may be issued if a student is enrolled in a program that requires card access i.e: Engineering, Health Campus Programs, CLAS.
- Grad Assistants may be issued access cards for the duration of their employment to buildings or spaces where they work.
- All key requests must be submitted in the KEY SYSTEM, which is available on the Facilities Services website.
- Information in the KEY SYSTEM must be complete with proper supervisor or department approval. Incomplete requests will be denied. Proper justification must be provided for anything other than keys to specific doors.

Upon approval

Allendale Campus: Keys will be delivered to a designated office or can be picked up at the Central Utilities Building (CUB). The employee responsible for the keys/cards will use their university username and password to login to the electronic key system to verify receipt and responsibility of the keys/cards.

Grand Rapids Campuses: The requestor will receive an email letting them know that the keys/cards are ready to be picked up at either the Facilities Services office located in the Bicycle Factory, Suite 350, or at the main desk of the Cook-DeVos Center for Health Sciences Building. The employee responsible for the keys/cards will use their university username and password to log in to the electronic key system to verify receipt and responsibility of the keys/cards.

Regional Centers: Keys/cards requested for regional center buildings will be delivered. The employee responsible for the keys/cards will use their university username and password to log in to the electronic key system to verify receipt and responsibility of the keys/cards.

Return of Keys

When a key or access card is returned from an employee because the need no longer exists, the key record system will be updated with a return date. Upon termination of university employment, Facilities Services Allendale and Facilities Services Grand Rapids and Regional Centers will be notified by Human Resources.

The employee's supervisor should follow up and direct the proper return of keys to Facilities Services Allendale and Facilities Services Grand Rapids and Regional Centers. These key changes are reflected in the key records and the file is closed.

Under no circumstances are keys to be retained by the department and given to a new employee.

Contractors and Vendors - Special Key Issuance and Lost keys

Vendors are issued temporary keys and access cards through the Facilities Services Allendale office or the Facilities Services Grand Rapids and Regional Centers office. Such keys and access cards are to be returned immediately upon completion of the contracted service or by 5:00 p.m. each day. Keys may be kept overnight with university manager approval.

In addition to the fee for a lost key, the responsible person/vendor accepts the responsibility to pay for the re-core of the building or buildings which the lost key was assigned to open. The cost of such a re-core may reach $10,000.00 or more depending on the size of the building and number of cores to replace. We urge all of our contractors/vendors to maintain custody of your keys and access cards at all times.

Students and Temporary Job Assignments

Students and temporary employees may have keys or access cards temporarily assigned to them for the duration of their shift and must return them daily. These are to be checked out through the Facilities Services Allendale office or the Facilities Services Grand Rapids and Regional Centers office and require supervisor's permission. A driver's license must also be presented and information will be recorded.

Employees receiving temporary job assignments may check out the appropriate building key from the Facilities Services Allendale office or Facilities Services Grand Rapids and Regional Centers office to work in the assigned area. (Example: custodians or maintenance personnel temporarily assigned to a different routine). These keys may be held for the duration of the temporary assignment and do not have to be returned daily.

Key Check Out Procedures

Lock Box Keys are issued to Facilities Services Allendale, Facilities Services Grand Rapids, Public Safety, Technology Services, and designated contractors only. This key allows access to key boxes that are located in designated buildings and contain a master key for that building. Lock Box keys are issued to designated individuals within these departments based on proof of need. These key requests must be approved by the Associate Vice President for Facilities Services.

Allendale Campus: Key and access card checkout is located in CUB for temporary checkout of keys and access cards. Identification (driver's license) of the individual checking out the key as well as verification of need will be necessary.

Grand Rapids and Regional Center Campuses: Key and access card checkout for the Pew Campus and Regional Centers is located at the Bicycle Factory, Suite 350, for the temporary checkout of keys and access cards. Key and access cards for the Health Campus can be signed out from the main desk at the Cook-DeVos Center for Health Sciences. Identification of the individual checking out the key as well as verification of need will be necessary. Keys and access cards are to be returned daily by 5pm.

LIGHTNING/SEVERE WEATHER POLICY - ATHLETICS

SLT 6.14

Date of Last Update:
August 22, 2014

Approved By:

- Senior Leadership Team

Responsible Office:
Athletics

POLICY STATEMENT

The safety of all participants and observers of athletic events is extremely important. Therefore, the Athletics Department has developed the following policy and chain of command in order to ensure the safety of both athletes and onlookers in the case of severe weather during an athletic event.

PROCEDURES

Chain of Command

The athletic trainer(s) present (most practices) in coordination with the game administrator and game officials are responsible for terminating an athletic activity in the event of lightning or other severe weather. During outdoor activities, a primary responsibility of the athletic trainer(s) is to have the ability to make sound decisions on environmental factors effecting the safety and well being of the athletes as well as others involved with the activity.

The certified athletic trainer will communicate with the game administrator, the head coach, and game official(s)/umpire(s) of the potential for lightning or severe weather and will make the recommendation that all activities stop or be suspended.

If the head coach is not present, the senior most member of the coaching staff will assume responsibility.

If an athlete proceeds with their outside activity against the recommendation of the individual in charge to seek a safe shelter, the athlete assumes all personal liability with regard to their safety and health.

If a coach and/or game official(s)/umpires(s) make the decision to continue to practice and/or continue with a game or other activity despite a Telvent weather warning, the cancellation of classes, and/or the verbal instruction by a certified athletic trainer or game administrator, they will be doing so against the recommendations of the Grand Valley State University Athletic Department and will be personally liable for any and all injuries.

Severe Weather

In the event of severe weather, the following measures will be taken by Grand Valley:

The athletic training staff will check the weather daily prior to the practice or competition. Up-to-date weather reports will be obtained by using Telvent services.

During outdoor practices and games, an early warning text message system from Telvent may be used to help determine the occurrence of and/or distance of lightning in the area. The weather reports and systems will be monitored for storms that may develop during practices and games.

When an early warning text message system from Telvent has detected lightning or thunder has been heard, the athletic trainer in charge will monitor the distance on the early warning system. When the lightning is within an 8-mile radius of the venue, the activity will be ceased and a warning message with recommended safe structure will be given.

Anytime the Meadows sirens are used to close the golf course, all athletic outdoor activities will be suspended.

The certified athletic trainer will be responsible for notifying the head coach, official(s)/umpire(s) and game administrator (if present) of the lightning or severe weather. The certified athletic trainer will recommend play to be suspended at this time and shelter should be taken.

Any person who feels they are in danger of any lightning activity will have the right to leave the field or event site to seek safe shelter without fear of penalty or repercussion.

If play is suspended due to severe weather, everyone (including observers) should seek shelter in the designated "safe structures" (listed in Table A). A "safe structure" is defined as "any building normally occupied or frequently used by people, i.e. a building with plumbing and/or electrical wiring that acts to electrically ground the structure." This structure does not include: shower facilities, baseball/softball dugouts, outside storage sheds, and canopies/awnings/tents. When in a "safe structure," stay away from corded telephones, electrical appliances, lighting fixtures, ham radio microphones, electric sockets, and plumbing.

In the absence of a "sturdy, frequently inhabited building," one may seek shelter in fully enclosed hardtop vehicles but should not touch the sides of the vehicle.

If no "safe structure" is available within reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch and assume a lightning safe position. A lightning safe position is one in which one is crouched on the ground with only the balls of the feet touching the ground, with their arms wrapped around the knees and head lowered. Do not lie flat on the ground. Stay away from the tallest trees or objects (i.e. light poles or flag poles), metal objects (i.e. fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field.

Any person who feels his/her hairs stands on end or skin tingle should immediately assume a lightning safe position.

Avoid using a landline telephone. Cellular phones may be used in an emergency situation.

Resumption of Activity
Play will resume thirty minutes following the last flash of lightning per the Telvent warning system. The certified athletic trainer will make this recommendation to the official(s) during an official game.

Blue skies and absence of rain are not protection from lightning. Lightning can strike up to ten miles from the rain shaft and it does not have to be raining for lightning to strike.

Care of a Lightning-Strike Victim
A lightning strike does not stay attached to the source therefore they do not carry an electrical charge. It is safe to touch the victim to move him/her to a safe location and to render medical treatment. Medical personnel should consider their own personal safety before venturing into a dangerous situation to render care.

Lightning-strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. CPR and AED use should begin immediately, if necessary. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.

Victims should be assessed and treated for apnea, asystole, hypothermia, shock, fractures and burns.

Refer to the Safe Structures table

References

NCAA Guideline 1D: Lightning Safety. **NCAA Sports Medicine Handbook** (2004).

Walsh, K.M.; et al. (2000). National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation. **Journal of Athletic Training**; 35(4): 471-7.

TABLES

Safe Structures

Activity Location	Primary Safe Locations	Secondary Safe Locations
Lubbers Stadium/FB Practice Fields	Football Athletic Building or Kelly Family Sports Center	Odie Weight Room/personal vehicles
Tennis Courts	Fieldhouse	Personal vehicles/team bus or Kelly Family Sports Center
Softball Field	Kelly Family Sports Center	Personal vehicles/team bus
Baseball Field	Kelly Family Sports Center	Personal vehicles/team bus
Outdoor Track/Lax Stadium	Stadium Restrooms	Personal vehicles/team bus
Soccer Field	Stadium Restrooms	Personal vehicles/team bus
Cross Country Ski Hill	Dorms – nearest to Parking Lot D	Personal vehicles/team bus
Meadows Golf Course	Meadows Clubhouse or weather shelter on course	Personal vehicles/team bus

SPACE HEATERS AND PERSONAL APPLIANCE POLICY

SLT 6.16

Date of Last Update:
January 12, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Pew Campus Operations/ Allendale Facilities Services

POLICY STATEMENT

The following policy language is intended to promote the safety of the campus community, improve the comfort of faculty/staff, prevent physical damage to university facilities and conserve energy at Grand Valley State University.

PROCEDURES

Space Heaters:

The use of electric space heaters (or those fueled by other means) is discouraged in any GVSU facility. Electric space heaters pose a safety risk and fire hazard by overloading building electrical circuits. They are also a very inefficient means of providing heat and often result in the discomfort of occupants in nearby offices or work areas.

Individuals who believe their work area is too cold (or hot) may contact Facilities Services (Allendale Campus) at extension 1-3000, or Operations at extension 1-6700 (Pew Campus & Regional Centers). A work order may also be submitted online at webtma.plant.gvsu.edu to request that their space be evaluated for temperature adjustments.

Other Personal Appliances:

The following appliances are also prohibited from being used in offices or other non-designated common areas at GVSU:

- Air conditioners
- Grills
- Coffee makers
- Crock-Pots
- Toaster ovens
- Toasters
- Mini Refrigerators
- Other small kitchen appliances
- Microwaves

- Other appliances that do not meet the intent of this policy

Many of these appliances are available to faculty/staff in designated break kitchens and lounge areas. If your department wishes to add an additional shared item to a break/lounge area, please contact the Operations Manager or Facilities Supervisor for your designated building to discuss its placement.

Exceptions:

Operations and Facilities Services will work to accommodate medical necessities, departmental events or other special conditions that may warrant an exception to this policy.

Responsibility:

Enforcement of this policy is the responsibility of departmental supervisors. Facilities Services and Operations staff will report unauthorized space heaters and other appliances discovered in the course of their work. The supervisor, chair, dean or director that is responsible for the area will be notified.

TIMECARD / TIMEKEEPING POLICY

SLT 6.17

Date of Last Update:
February 04, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

Timekeeping must accurately reflect all hours worked and should be recorded on a daily basis. Misrepresentation of hours worked or forgery is a violation of the law. Misrepresenting hours worked, forging a timecard, and swiping, or inputting hours for someone else may lead to immediate termination of employment.

PROCEDURES

Electronic Timekeeping
It is the responsibility of the staff member to accurately record all hours worked in the University's timekeeping software and inform their supervisor that the hours are ready to be confirmed, or it is the responsibility of the staff member to accurately swipe their identification card in order for their supervisor to confirm their hours. If employee is unable to record or swipe their hours the Supervisor is responsible for tracking and entering those hours into the time-keeping software. All hours must be confirmed by 3:00 pm by the Supervisor on the Monday following the end of the pay period. If employees have missing hours from a previous time pay period the supervisor will need to contact the Payroll office directly.

TRAVEL POLICY

SLT 6.18

Date of Last Update:
July 01, 2021

Approved By:

- Senior Leadership Team

Responsible Office:
Business and Finance

POLICY STATEMENT

This document is designed to provide guidance to faculty and staff on University travel policies, regulations and procedures. These guidelines are in general terms and are not expected to cover every situation. For questions regarding policies, procedures or travel arrangements, call Procurement Services at 616-331-2280. For questions regarding travel and expense reimbursement, call the Accounting Office at 616-331-2203.

Policy Statement for Travel and Expense Reimbursement

University travel is defined as traveling to conduct business on behalf of the University. The following individuals are eligible for reimbursement of reasonable expenses while traveling on University business:

- University Board of Trustees, faculty and staff employees.
- Students in appropriate/approved circumstances and sponsored by a department.
- Guests invited for lectures, consulting, interviews, recruiting, and other special occasions, or those requested to travel for the University as specified in a contractual arrangement. For these circumstances, the sponsoring Division or Department will use Concur to submit the reimbursement for travel expenses.

Authorization

Travel approval and reimbursement authority may be delegated by Executive Officers to supervisory individuals within their Division. Delegation authority shall be in writing and updated annually. It is the responsibility of each prospective traveler to secure the appropriate approval for University travel from their Supervisor, Director, Department Head, Dean, or Executive Officer. Additional regulations may apply for travel associated with grant funding and international travel.

Supervisors, if designated, will have the authority to approve travel and expense reports for their direct reports up to $5,000.

Additional approval from an Appointing or Executive Officer may be required for exceptions to travel policies.

See the Travel and Expense Procedures for authorization details.

Travel Arrangements and Booking

Individual travel shall be booked via the Travel & Expense (T&E) system for reserving travel (air/lodging/rental cars). The University Travel Agent can assist with bookings for multi-leg trips, group/sports travel, and international travel.

Guidance and procedures relating to transportation modes, including rental cars and use of personal vehicles, lodging, conference fees, etc. are outlined on the Business & Finance website. See the Travel and Expense Procedures for details.

Charging Expenses

University faculty and staff, if issued a University Purchase Card (P-Card), shall charge all business and business travel expenses to their P-card. In the event a traveler does not have a P-card, the traveler may use a debit card issued to them through the Accounting office, request a Cash Advance through the Accounting office, or use personal funds/payment methods and request reimbursement. Note: Cash advances will only be allowed when all other forms of payment have been explored and been found unfeasible. See the Travel and Expense Procedures for details.

Meals

Meals, to the extent practicable, shall be charged to a University P-card. The GSA Per Diem meal rate, by locality, will be applied to each purchase. If the GSA rate is exceeded for any one purchase, the traveler will be responsible for reimbursing the University for the difference.

For authorized individuals only, alcohol may be purchased on the University P-card. See the Travel and Expense Procedures for further details regarding alcohol purchases.

If dining with a University guest along with a group of GVSU employees as part of a valid business purpose, group meals shall be paid using the University P-card and will be reimbursed at the GSA rate, by locality, per person. Exceptions to exceed the per diem rate must be approved by the Appointing Officer or Executive Officer. A receipt(s) and all attendees must be input into Concur Reimbursement for group meal reimbursement.

Expense Reimbursement/Reconciliation of P-Card

Expenses incurred on behalf of the University, whether through a P-Card or personal funds, must be approved by an individual's authorized travel supervisor and submitted to the Business and Finance office through the University's Travel and Expense system within 30 days of completion of travel. Unreconciled charges may be charged to the traveler's department FOAP and may result in suspension of P-card and cash advance abilities.

Miscellaneous

The University will permit the benefits of airline/hotel/rental car rewards programs derived from travel paid for by the University to accrue to the traveler. This provision does not permit travelers to charge travel and booking arrangements with a personal method of payment when the University P-Card can be used.

UNIVERSITY DESIGNATED AND PLANT RESERVE FUNDS POLICY

SLT 6.19

Date of Last Update:
April 12, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
University Budgets

POLICY STATEMENT

University reserve funds are categorized by type and will be managed by identifying target balances, authorized expenditures, and reporting thresholds for each reserve fund. The Business and Finance Office shall prepare a summary reserve report for the SLT-B annually after the close of each fiscal year.

Reserve funds are separate and distinct from operating funds. Reserve funds provide the University a measure of protection and flexibility during periods of fiscal distress or when needed for high-priority strategic initiative requiring one-time resources. Since reserve fund levels are not restored or maintained through a specific general fund budget line item but only through excess Divisional or University general funds, reserve use should be judicious and seek to always maintain compliance with minimum threshold levels unless dire fiscal circumstance warrant. Reserve fund levels are an important factor in the University's credit rating and as such, expending reserve levels beyond the policy floors should only be undertaken in rare, emergent circumstances.

- Designated Divisional Reserve Funds are for the use of that respective division.
- Designated Institutional Reserve Funds are for the specific purpose of that named fund.
- Plant Reserve Funds are either purpose specific or are unrestricted and serve as a resource to either solely fund, or partially fund, planned or emergent projects outside of budgeted resources.

DESIGNATED DIVISIONAL RESERVE FUNDS

Designated divisional reserves are primarily funded by General Fund budget surpluses from each division. Each division shall keep any General Fund budget surpluses within its designated reserve. However, if fiscal circumstances warrant, the Senior Leadership Team-Budget (SLT-B) may elect to retain divisional budget surpluses for institutional needs.

The target range for designated divisional reserve balances is 10-20% of the General Fund budget for the respective division.

The floor for a designated divisional reserve is 5% of the General Fund budget for the respective division.

The Business & Finance office will monitor the balance of the divisional reserves with respect to these targets after the close of each fiscal year.

If a divisional designated reserve falls below the target range, the respective Executive Officer shall notify the Vice President for Finance and Administration as to the circumstances surrounding expenditures from the divisional reserve.

If a division's designated reserve balance falls below the floor, the Executive Officer shall submit to the Vice President for Finance and Administration a corrective plan for restoring the reserve balance to the target range. In this case, additional expenditures from a divisional designated reserve are not authorized unless approved by the Vice President for Finance and Administration.

Designated divisional reserves with an average balance in excess of the target range for more than 3 consecutive years will be subject to review to determine if reallocation of reserves is appropriate for other institutional use(s). Under special circumstances, e.g., planning for special projects or expecting significant market adjustments, balances in excess of this range shall be permitted.

EXPENDITURES AGAINST DESIGNATED DIVISIONAL RESERVES

Designated divisional reserve funds are established, in part, to provide Executive Officers with sufficient flexibility to initiate new ideas or plan for large project expenditures. The following expenditures may not be charged against designated reserve funds:

- Permanent base positions
- Position contracts for periods exceeding one year and position contract renewals funded by the designated reserve. Position contracts for periods exceeding one year may be approved by the Business and Finance Office for pilot program purposes. Continuation of position contracts beyond approved exceptions must be funded by existing divisional base budget resources.
- Contracts that are expected to deplete designated reserve level below the target range over the contract period. Anticipated sweeps to the reserve will not be permitted in calculating any projected balance.
- Covering recurring deficits in General Fund operating budgets

Expenditures over $50,000 individually or in the aggregate for a single project in a Designated Reserve Fund may be approved by an Executive Officer or their designee and shall be reported to the Business and Finance Office.

Expenditures anticipated to be over $250,000 annually, whether individually or in the aggregate for a single project, in a Designated Reserve Fund must be submitted by the respective Executive Officer to the Vice President for Finance and Administration for approval before contractual obligations are made. This may include expenditures that span multiple fiscal years.

Each Executive Officer may elect to have one or more divisional reserves for its General Fund budget surpluses, but for policy application, the target balances will be considered in relationship to the entire General Fund budget for each division.

DESIGNATED INSTITUTIONAL RESERVE FUNDS

Designated institutional reserves are funded by General Fund budget surpluses outside of divisional budgets. Designated institutional reserves may be established at the direction of the Vice President for Finance and Administration and will be monitored by the Business and Finance office with respect to the specific nature of related expenditures.

PLANT RESERVE FUNDS

In general, Plant reserve funds cover anticipated future capital expenditures on infrastructure (or emergency maintenance in excess of budgeted amounts), equipment, and debt payment.

The Strategic Capital Reserve is a Plant Reserve and the primary source for anticipated (or emergency) capital expenditures and shall have a floor of $25M. This floor may be breached if recommended by the Vice President for Finance and Administration and approved by the SLT-B.

Expenditures over $500,000 individually or in the aggregate for a single project in a Plant Reserve Fund must be approved by an Executive Officer or their designee and shall be reported to the Vice President for Finance and Administration. Scheduled debt service payments over $500,000 that are based on maturity schedules or other invoicing do not require separate approval or reporting.

Approval for capital projects is governed under BOT policy 7.5.1 Finance and Administration – Facilities – Capital Projects. Approval of capital projects of $3,000,000 or less are reviewed and approved by the President or designee. The Board of Trustees has approval authority for each capital project over $3,000,000.

DEFINITIONS

Funds held outside the normal General Fund operating budgets that reside in the Designated and Plant Reserve funds as identified by the appropriate Executive Officer or the Vice President for Finance and Administration. Expenditures that are governed by this policy are those that are charged against funds that begin with “15” or “94”.

UNCREWED/AIRCRAFT SYSTEM / DRONE POLICY

SLT 6.20

Date of Last Update:
March 12, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Public Safety

POLICY STATEMENT

Operation of an Uncrewed Aircraft System (UAS) or Model Aircraft (MA) is prohibited over University Property by students, employees, vendors, contractors and other members of the public except with prior written approval from the Vice President for Finance and Administration of the University.

Permission to operate a UAS/MA over University Property will only be granted to University departments needing to operate a UAS/MA for educational or research purposes that benefit the University.

Purchasing of UAS or MA, also requires prior written approval from the Vice President for Finance and Administration. Potential purchasers may be employees, students or departments using University funds being disbursed through a University account, including grant funds.

PROCEDURES

Consideration will only be given for purchasing and/or operating a UAS/MA if the written request to the Department of Public Safety includes all of the following:

1. exact dates and times of intended operation;
2. campus location and intended flight path;
3. the University purpose for the use of the UAS/MA;
4. for UAS, a current 333 exemption or Certificate of Waiver or Authorization (COA) or a Remote Pilot Certificate issued by the Federal Aviation Administration (FAA) or documentation verifying that the individual operating the UAS is fully authorized by the FAA to do so;
5. for UAS, a Certificate of Insurance evidencing UAS/Drone Aviation Liability coverage with limits of not less than $1,000,000 per occurrence and recognizing Grand Valley State University as Additional Insured;
6. The Vice President for Finance and Administration will submit written approval for the purchase and/or operation of a UAS/MA to the Department of Public Safety.

Operation of UAS on University property is to be done in accordance with only part 107 of the FAA rules for certified remote pilots and commercial operators. All rules of part 107 apply to operation on University property with the exception of prohibited external load and transportation of property for compensation or hire. Only the Vice President for Finance and Administration may waive any of the part 107 rules.

Operation of UAS/MA on University owned or controlled property is done at the Operator’s sole risk and the University is not responsible for damage to UAS/MA flown in or near university owned and controlled property.

In operating UAS/MA for purposes of recording or transmitting visual images, operators must take all reasonable measures to avoid intrusions into areas normally considered private.

All uses of UAS/MA must comply with the following:

1. UAS/MA must 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 living center rooms, changing or dressing rooms, health treatment rooms, daycare facilities and classrooms during periods of instruction. UAS/MA may not fly closer than thirty (30) feet outside a window of any university building.

2. UAS/MA may not be used to monitor or record institutional or personal information, which may be found in an individual’s workspace, on computers or on other electronic devices.

3. UAS/MA may not be used inside of any University building without prior permission given by an Executive Officer of the University.

4. The following operational rules apply to the use of all UAS and MA:

- UAS/MA must be in visual line of sight of the remote pilot in command
- UAS/MA must be visible to the operator with no assistance other than corrective lenses
- UAS/MA may not fly over people
- UAS/MA may be operated in daylight only
- UAS/MA must yield right of way to other aircraft
- UAS/MA maximum speed 100 mph/87 knots
- UAS/MA maximum height of 400 feet
- UAS/MA minimum visibility 3 miles from point of control
- A remote pilot in command may not command more than one UAS/MA
- A remote pilot in command may not operate a UAS/MA from a moving aircraft
- A remote pilot in command may not operate UAS/MA in or near crane structures or hoisted loads, unless conducting an approved inspection operation under controlled safety procedures and in compliance with FAA standards.
- A remote pilot in command may operate UAS/MA from a moving vehicle only in sparsely populated area
- Reckless operation of UAS/MA is prohibited
- A UAS/MA may have no hazardous material on board
- The remote pilot in command must inspect UAS/MA prior to operation to ensure safe working order
- The remote pilot in command may not operate UAS/MA if physical or mental condition prevents safe operation

A UASMA may carry an object if it does not affect flight operations and the entire UAS/MA with they object weighs less than 55 pounds.

Enforcement of Complaints

Any violations of this policy will be dealt with in accordance with applicable University procedures which may include disciplinary actions and where appropriate, legal action. All complaints concerning the operation of UAS/MA over University Property should be referred to the Department of Public Safety. Users will also be subject to applicable Federal and State laws.

Any FAA fines incurred by individuals or departments will be the responsibility of the individuals involved.

DEFINITIONS

For purposes of this Policy, these terms should have the following meaning:

Model Aircraft - is an aircraft weighing less than 55 pounds

University Property – Buildings, grounds and land owned or controlled by the University.

Uncrewed Aircraft Systems (UAS) – UAS are also known as or may be characterized as uncrewed aircraft systems or Drones.

According to the FAA, a UAS is the Uncrewed aircraft and all of the associated support equipment, control station, data links, telemetry, communications and navigation equipment, etc., necessary to operate the Uncrewed aircraft. UAS may have a variety of names including but not limited to quadcopter and quadrotor, FAA regulation applies to UAS regardless of size or weight. Model aircraft are not considered by the FAA as UAS and have different regulations.

COA – Certificate of Authorization or Waiver. The COA is an authorization issued by the FAA to a public operator for a specific UAS activity. After a complete application is submitted, FAA conducts a

comprehensive operational and technical review. If necessary, provisions or limitations may be imposed as part of the approval to ensure the UAS can operate safely with other airspace users. In most cases, FAA will provide a formal response within 60 days from the time a completed application is submitted.

333 Exemption – FAA exemption based on Section 333 of the FAA Modernization and Reform Act of 2012 (FMRA) which grants the Secretary of Transportation the authority to determine whether an airworthiness certificate is required for a UAS to operate safely in the National Airspace System.

Remote Pilot Certificate- Certificate of authorization issued by the FAA to public operator for commercial operation of UAS activity of a craft under 55 lbs. in weight.

GVSU LAKER STORE POLICY

SLT 6.21

Date of Last Update:
August 11, 2023

Approved By:

- Senior Leadership Team

Responsible Office:
GVSU Laker Store

POLICY STATEMENT

GVSU Laker Store is dedicated to serving the students of Grand Valley State University with resources, which enhance the University's mission and image.

PROCEDURES

Textbook Locations

GVSU Laker Store - Allendale carries the textbooks and supplies required for classes taught on both the Allendale & Robert C. Pew campuses and for those taught at other locations across the state. These are available online at https://lakerstore.gvsu.edu.

GVSU Laker Store – Robert C. Pew Grand Rapids Campus carries the textbook and supplies for classes taught in Grand Rapids, including those at the Health Campus. These materials can also be ordered at http://lakerstore.gvsu.edu.

GVSU SAVE
GVSU SAVE is the Laker Store's digital course materials initiative aimed at making books more convenient and affordable. Visit the GVSU SAVE website for more information: https://lakerstore.gvsu.edu/GVSUSAVE.

Other Merchandise
GVSU Laker Store – Allendale offers GVSU imprinted clothing and gifts, school and art supplies, and a full line of computers and accessories, including Apple products. GVSU Laker Store – Robert C. Pew Grand Rapids Campus offers an assortment of apparel, gifts and supplies.

Discounts, Sales and Promotions
GVSU Laker Store attempts to maintain pricing policies that are reasonable, fair and consistent. As a result, the same pricing is made available to students, faculty and staff. Sales and promotions are announced in advance on the GVSU Laker Store website and on social media. All GVSU constituents are invited to sign up for Laker Store Rewards.

Merchandise Returns Policies
Textbooks may be returned for a full refund through the first week of classes with a valid receipt. Check here for complete refund policies: https://lakerstore.gvsu.edu/SiteText?id=89206

Book Sell Back
Since GVSU is cashless, Book Sell Back is only offered in-person during finals week after Fall & Winter semesters, however, students can use the Laker Store online portal to sell back books any time: https://onlinebuyback.mbsbooks.com.

Textbook Orders
Faculty & academic department textbook orders need to be submitted by October 25 for winter semester, February 25 for spring-summer semester, and March 25 for fall semester. Requisitions may be submitted on-line in the faculty access section of the bookstore's website at https://lakerstore.gvsu.edu/.

For access information, please consult your department coordinator or contact the GVSU Laker Store Faculty Relations Team. When submitting a requisition, please provide accurate ISBN information to ensure that the correct book is ordered. GVSU Laker Store staff also appreciate notification that "no books are required" for a class when appropriate.

Desk Copy Loans
Publishers will not honor requests for desk copy loans from bookstore personnel, so such requests should be made directly to the publisher. Faculty requiring a desk copy of an adopted textbook should contact their publisher representative for additional information.

CONFERENCE AND EVENT PLANNING POLICY

SLT 6.22

Date of Last Update:
February 19, 2020

Approved By:

- Senior Leadership Team

Responsible Office:
Conference Planning & Hospitality Services

POLICY STATEMENT

It is the policy of Grand Valley State University that certain spaces and rooms be scheduled on a coordinated basis through the Conference and Event Planning Department. Room rental and event scheduling on the Pew Campus, Health Campus, and Regional Centers, and at the Alumni House, will be managed by the Conference and Event Planning Department. Additional information and procedures may be found on the Conference and Event Planning Department website.

WEAPONS POLICY

SLT 6.27

Date of Last Update:
October 04, 2023

Approved By:

- Senior Leadership Team

Responsible Office:
Public Safety

POLICY STATEMENT

The University is committed to maintaining a safe environment in which students, faculty, staff, and visitors are free to learn, live, work and visit the University campus or a facility without fear of violence. To carry out this mission, the University prohibits the use or possession of firearms, weapons, electrical devices, and explosives on its property, except as provided in this policy.

A person shall not possess any firearm or weapon anywhere upon property governed by the University, except:

-University Police Officers, those authorized to assist University Police Officers with training and other legally established law enforcement officers acting in the course of and scope of employment

-University Police Academy Director or their authorized designee with weapons specifically owned and used for educational training by the University.

-Authorized University construction-related activities.

A "weapon" shall include but is not limited to:

1. any firearm,
2. any device from which an electrical current, impulse, wave, or beam may be directed that is designed to incapacitate temporarily, injure or kill,
3. any other instrument or device of any kind that operates based on spring, gas or air, contains explosive materials, or
4. any instrument or device, such as a knife, that has a sharp blade greater than three inches.

A person shall not use any firearm, gun, weapon, chemical, biological, radioactive, or other dangerous substance or compound to injure, molest, or coerce another, anywhere upon property governed by the University, except for a self-defense spray or foam for protection of a person or property under the circumstances that would justify the person's use of physical force.

Additionally, a person shall not use or possess fireworks (unless approved in advance by a Vice President for use at a University event), explosives, toxic or dangerous chemicals; other lethal weapons, equipment, chemicals or materials are prohibited anywhere upon property governed by the University.

Questions about weapons should be directed to the University Department of Public Safety.

CRISIS COMMUNICATION PLAN

SLT 7.1

Date of Last Update:
February 18, 2021

Approved By:

- Senior Leadership Team

Responsible Office:
University Communications

POLICY

The audience for this plan includes all students, faculty, staff, alumni, parents, trustees, the Grand Valley Foundation, and the general public.

POLICY STATEMENT

The purpose of this communication plan is to set guidelines to be followed for sharing information with executive officers, faculty, staff and students, as well as the general public. This includes both emergency and non-emergency communications. The plan is coordinated with the Comprehensive Emergency Management Plan (CEMP) administered by the Emergency Management team.

Executive Summary

- The Vice President and Chief Public Affairs and Communications Officer shall serve as the crisis communication director along with another member of the Senior Leadership Team. In a physical emergency, that second executive officer will be the Vice President of Finance and Administration. In a public relations issue, the second executive officer will be determined by the issue.
- The Assistant Vice President, University Communications – Media and Public Relations, Chief of Police, Associate Vice President for Facilities, and Dean of Students shall be the crisis communication coordinators.
- Whenever a situation affecting the campus reaches proportions that cannot be handled by routine measures, the crisis communication coordinators shall notify the Vice President for University Relations.
- The crisis communication director communicates with the other executive officers and Board of Trustees.
- Each university administrator, upon being notified, is to provide applicable information to those persons under his/her direction as per the crisis notification system.
- Main and field crisis communication posts shall be established as required by the situation and shall be equipped with communications systems required to utilize resources.

Following the crisis, the crisis communication coordinators will gather all appropriate individuals for debriefing and review. Appropriate action will be determined.

PROCEDURES

TYPES OF COMMUNICATION

Emergency Notification:

An emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action. A university emergency is generally defined as any incident or event causing or potentially causing serious injury to persons, extensive property damage, loss of life, or disruption of university operations.

NOTE: *The Comprehensive Emergency Management Plan* can be found at http://gvsu.edu/s/0pC

If an **Emergency Notification** should be sent, GVPD will write the initial notification message and send it using Grand Valley's emergency notification system (RAVE). The crisis communication director, and the crisis communication coordinators will determine who else needs to be notified and the appropriate action and follow-up messages as it relates to each campus.

The Vice President for University Relations and the Associate Vice President for University Communications, or their designees, will write any subsequent message(s). A designated representative from University Communications will be responsible for distributing the alert using RAVE. University Communications will post messages on the university home page, GVNext and/or use the university's social media outlets.

NOTE: Evacuation of Building procedures should follow instructions found in the *Annual Security and Fire Safety Report* (www.gvsu.edu/gvpd/securityreport).

If a **Timely Warning** should be considered, GVPD will notify the crisis communication director and/or crisis communication coordinator(s). A **Timely Warning** is required if GVPD receives a report that a Clery crime has been committed on GVSU Clery geography and considers there to be a serious or continuing threat to students and employees. The content of a Timely Warning needs to include information that would promote safety and aid in the prevention of similar crimes and information about the crime that triggered the Timely Warning. The Vice President for University Relations and the Associate Vice President for University Communications, or their designees, will write the message(s). A designated representative from University Communications will be responsible for distributing the alert using RAVE. University Communications may post messages on the university home page, GVNext and the university's social media outlets.

SAFETY NOTICE FOR OFF-CAMPUS INCIDENTS

Grand Valley may elect to issue a safety notice to members of the University when it is determined there is a reoccurring series of criminal activity, a disruption to operations, or when the Department of Public Safety determines that there may be a serious continuing or ongoing threat to the health or safety of off-campus students. When deemed necessary, the Department of Public Safety will notify the Vice President for University Relations or Associate Vice President for University Communications for dissemination.

PUBLIC WEATHER INFORMATION

If the weather poses an immediate threat to the campus community the Comprehensive Emergency Management Plan (CEMP) will be followed and communications made accordingly.

When there is inclement weather that requires cancellation or closure, the GVSU Cancellation/Closure Policy shall be followed.

REPORTING TO UNIVERSITY COMMUNICATIONS POTENTIAL REPUTATIONAL INCIDENTS OR CRISES

Whenever an event or issue appears to have potential for becoming a controversial news story the Grand Valley staff or faculty member aware of the circumstance should immediately notify the unit head who has responsibility in the situation.

The unit head should immediately communicate all available information to the appropriate appointing officer/dean and/or executive officer, and the Associate Vice President for University Communications. University Communications should be notified regardless of the availability of the appointing officer/dean and/or executive officer.

DEFINITIONS

Crisis Communication Director:

The Vice President for University Relations or designee will be responsible for supervising communications being released during and surrounding a crisis.

Crisis Communication Coordinators:

The Associate Vice President for University Communications, Chief of Police, Associate Vice President for Facilities, and the Dean of Students shall be the crisis communication coordinators. It is the responsibility of these individuals to communicate with one another about the nature of the incident and then share the information with the appropriate personnel.

IDENTITY STANDARDS POLICY

SLT 7.2

Date of Last Update:
December 18, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
University Marketing

POLICY STATEMENT

To convey clear messages about Grand Valley, it's important that University messaging is consistent in look and tone. In addition, Grand Valley's logos are trademarked so it's very important that they are used correctly. University Marketing has created a standards guide to assist with consistency.

PROCEDURES

The address for the website containing the standards guide and other helpful information is www.gvsu.edu/identity/. From this site, you can find logo dos and don'ts, download logos, determine word usage, read about GVSU's marketing messages, and get help with publication, website, and advertising guidelines. Please contact 331-2525 for more information

MOTION PICTURE/VIDEO/FILM/DIGITAL IMAGING PRODUCTION ON THE CAMPUS

SLT 7.3

Date of Last Update:
January 04, 2013

Approved By:

- Senior Leadership Team

Responsible Office:
University Communications

POLICY STATEMENT

GVSU understands the importance of the film industry to the local economy and the benefit it can provide to our students interested in a career in film and film production. However, film production on campus is permitted only if it does not interfere with normal University business and/or previously scheduled events. A Location Permit is required to film on campus. The Location Permit can be approved only when all of the appropriate procedures and requirements have been met. Use of any location can only be approved with the consent of the impacted University units or buildings and consideration of the impact on surrounding areas and activities. Scheduled University events, regardless of size, take precedence over film shoots in determining location availability.

PROCEDURES

Requests for Permits

Requestors for a Location Permit must complete the appropriate application. This application and complete script (if applicable) shall be submitted to University Communications. Upon receipt, the completed application and script will be forwarded to a core committee that will include a representation of affected units or buildings for review and project approval.

Fees & Costs

Location fees and operational costs will be charged and are based on a number of variables. The length of the shoot, locations involved, and types of GVSU services needed are all considered in determining the total operational costs. In certain limited instances fees and costs may be waived for uses such as public service announcements. Other forms of media may be subject to this fee and will be handled on a case-by-case basis.

Alterations to Premises

Production companies may not make any alterations to the University Premises (either temporary or permanent), including trimming, cutting or removing natural features such as trees and shrubs, without the express written approval of the University. Production companies will leave the University Premises and all property of any kind located therein in as good order and condition as they were immediately prior to production. Production companies will be responsible for paying for any expenses to restore the University's Premises to its original condition.

Code of Conduct

While filming on our campus production companies and their employees are guests of the University and should treat this location and campus community with respect and courtesy. The production company, cast, crew and all others associated with the project are expected to comply fully with University Policies. They will be expected to adhere to the Filmmaker's Code of Professional Responsibility, which is Attachment A to the Guidelines and Procedures for this policy.

University Identification and Appropriate Use of Campus Images

No identification of GVSU as a location is permitted, except in rare instances and only when the specific use is submitted for prior approval University Communications. The request will only be approved when it is deemed to be in the University's best interests.

Identification includes but is not limited to trademarks, icons, recognizable University landmarks, and the use of merchandise containing trademarked images/logos (i.e. flags, apparel, posters, miscellaneous items containing logo, etc.). Identification also includes verbal references on film.

Filming and Athletics

Under no circumstances is the production company to film or use any information images/names/biographical information pertaining to any current university intercollegiate athlete for any purpose. Appearing in a commercial production that identifies them as university intercollegiate athletes will jeopardize their NCAA eligibility.

Cancellation

If written notice of cancellation for an approved location permit is received before the production begins, then the production is liable for any actual costs incurred by the University as of the receipt of the cancellation notice. University shall have the right of cancellation if the Agreement holder is deemed insolvent or, in the University's sole opinion, shall fail to perform any material term in the Agreement after having received written notice from the University to do so.

Exceptions to Policy

Student projects are subject to School of Communication requirements and procedures and do not require a permit. Incidental filming that includes uses such as: filming for non-commercial or internal use, class projects, or personal use. This filming requires no special services and does not in any way disrupt the normal functioning of the University. This filming cannot be used for commercial purposes after the fact without written permission from Grand Valley State University.

PUBLICATIONS AND ADVERTISING

SLT 7.4

Date of Last Update:

October 18, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
University Marketing

POLICY STATEMENT

University Marketing manages, designs, and produces a full range of publications and visual materials, including recruitment materials, course catalog, programs, brochures, posters, postcards, banners, and invitations. Advertising is also designed and produced in the Office of University Marketing for the purposes of university image/awareness and recruitment. If not produced by University Marketing, all publications and ads should be approved by University Marketing before publication. Logo, design, and copy standards can be found at http://www.gvsu.edu/identity.

PROCEDURES

Because of the high demand for print pieces, the following priorities have been set for pieces to be produced by University Marketing:

1. The Office of the President
2. Publications used by academic services in student recruiting
3. Materials used off campus for development purposes
4. Major publications of the university dealing with the general public or special external audiences
5. Advertising production support for development and student recruiting
6. Other university publications

Requests for forms, applications, etc. are not handled by University Marketing and should be ordered through Procurement Services.

All publications and advertising should be sent to University Marketing for review before they are printed or posted. Please contact 331-2525 for more information.

WEB POLICIES FOR ACADEMIC AND ADMINISTRATIVE UNITS

SLT 7.5

Date of Last Update:
December 18, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
University Marketing

POLICY STATEMENT

All GVSU units are required to maintain their webpages on the university's domain www.gvsu.edu and use the university's content management system unless authorized by University Marketing. All GVSU organizations, whether on the gvsu.edu domain or authorized to maintain their own servers and publish pages under domains other than www.gvsu.edu/ are equally responsible for adhering to GVSU Web standards.

The purpose of website design standards is to:

- Reinforce GVSU's identity
- Meet the needs of the constituencies Grand Valley serves
- Provide continuity in website appearance
- Protect and regulate the use of proprietary GVSU names, logo marks, word marks, and graphic devices
- Keep content current
- Faithfully represent GVSU to the public

Web standards can be found at http://www.gvsu.edu/identity.

ALUMNI HOUSE POLICY FOR FACULTY/STAFF

SLT 8.1

Date of Last Update:
January 03, 2013

Approved By:

- Senior Leadership Team

Responsible Office:
Alumni Relations

POLICY

The Alumni House is available for use by departments of the University. However, the reservation must be made by a faculty or staff member. Faculty and staff members that wish to use the Alumni House for a personal event may do so; all room rentals and additional charges will apply.

POLICY STATEMENT

General

The applicant undertakes to observe all rules and directions, which are imposed by GVSU and the Alumni Relations Office generally, or specifically, in respect to the space which is being used. The room rental fee will be waived for University-sponsored events providing all additional charges (i.e. catering, equipment, a/v, etc.) are paid by a University account number. Inform the Event Coordinator if there will be any distinguished or special guests attending the event.

Reservations

Reservations for University events must be made by a University employee. All reservations are to be arranged with the Event Coordinator at (616) 331-3590.

When approving the reservation request, the Event Coordinator will send the primary contact a confirmation of the event with all event details submitted in the reservation form.

Reservations will be made according to the event time specified on the request form. The Event Coordinator will add to your reservation two hours before event start and one hour after event end time for any necessary setup and/or cleanup you may require; contact the Event Coordinator if you require more time.

Food and Beverage

For events that involve the service of prepared food and drink, you must use the University's catering service (Classic Fare Catering).

If you will use the University catering service for your event, please arrange your menu selections with the Event Coordinator by the deadlines described on the event confirmation.

For events that involve the service of alcohol, you must agree to abide by all Michigan Liquor Control Commission rules and regulations involved in the service of alcohol in addition to those established by the University. Final alcohol selections must be given to the Event Coordinator at least two weeks prior to the event to ensure the availability of requested menu items. No changes/additions will be accepted after the deadline.

A final guest count must be given to the Event Coordinator at least three (3) business days prior to the event. If a final guest count is not received three business days prior to the event, the food service provider will consider the last communicated guest count to be the final guest count. The final bill will be based on the final guest count given or actual number served, whichever is higher.

Please contact the Event Coordinator at (616) 331-3590 for information on hosting a non-University sponsored event.

Minimum charges may be applicable for food and bar service.

Outside food and drink are not allowed in the Alumni House.

Food and drink from the Alumni House, partial or whole, are not to leave the premises by state law.

No event may exceed 12:00 midnight, and alcohol service will be discontinued at 11:30 pm.

Set-up and Special Requests

The Perry Dining Room has a standard furniture set-up; additional furnishings or the rearrangement of existing furnishing may result in additional expenses. Set-up requests must be made in advance with the Event Coordinator and must be finalized five (5) business days before the event date. Changes to the set-up after this deadline may incur an additional charge.

Contact the Event Coordinator to order additional equipment, audiovisual equipment, and any other special requests at least five (5) business days before the event.

Cancellation

The Event Coordinator encourages a five (5) business day notice for event cancellations. Special cases will be handled on a case-by-case basis.
You may cancel your event up to three (3) business days prior to the scheduled time of the event at no charge. Events cancelled with less than three (3) business days' notice will be billed for costs incurred, up to 100% of the total bill.

Late charges will occur when catered events are planned less than three (3) business days in advance. These charges will be 10% of the total cost of the event with a minimum of $10.00.

Release of Alumni Contact Information

We do not release contact information to the general public from our alumni database. At this time, individuals searching for alumni do so by filling out a form online that is forwarded to University alum via postal mail.

ENDOWMENT MATCH POLICY

SLT 8.2

Date of Last Update:
October 07, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
University Development

POLICY STATEMENT

To provide additional incentive for employees to support endowments the University provides a match equal to the amount of the employee's gifts up to $25,000. Gifts are defined as outright gifts, payments and sustainer payments. Gifts are matched the same year upon actual receipt of cash or similar monetary instruments.

PROCEDURES

The following criteria are to be followed:

Only contributions to named endowments will qualify for matching funds.

Current and retired faculty and staff and their spouse's contributions will be eligible for match. This definition excludes adjunct faculty and staff.

The available funds for matching will be limited to current year earnings of unrestricted endowed funds and undistributed interest earnings. Use of the general fund for employee gift matching is not permitted. If contributions eligible for match exceed available funding, the match will need to be reduced by an appropriate percentage for all gifts.

The match for all eligible gifts is limited up to $25,000 per donor per year of the gifts.

The eligible contributions that are received during the calendar year will be matched in the following February.

SPOUSAL MATCHING LIMIT

The annual match for an eligible employee or retiree and their spouse who is not independently eligible under this policy is limited to $25,000 combined.

EXCEPTIONS TO THE ANNUAL MATCHING LIMIT

Exceptions to the $25,000 annual matching limit may be considered at the donor's request, such as when tax law or tax-planning considerations affect the timing or amount of a donor's contribution.

Donors requesting an exception must still meet the original eligibility requirements of this policy, which apply to current faculty and staff, retired faculty and staff, and their spouses.

Any exception approved under this policy is limited to a total University match of $50,000 for an eligible individual, or an eligible individual and a spouse who is not independently eligible under this policy, in any two consecutive calendar years.

The decision to recommend an exception is at the discretion of the President. All exceptions remain subject to approval by the Chair of the Board of Trustee's Finance and Audit Committee in consultation with the Vice President for Finance and Administration regarding funding availability.

FUNDRAISING POLICY

SLT 8.3

Date of Last Update:
December 08, 2014

Approved By:

- Senior Leadership Team

Responsible Office:
University Development

POLICY STATEMENT

University Development helps Grand Valley State University fulfill its mission and realize its aspirations in three ways: (1) securing, stewarding and increasing financial support; (2) building meaningful partnerships with external and internal constituents; and (3) communicating the university's character, quality, priorities and goals.

Accordingly, University Development must strive at all times to ensure that its policies and procedures and those of the university are in compliance with local, state and federal regulations in regard to the solicitation and acceptance of gifts. Any deviation from the Internal Revenue Code could result in fines, public embarrassment and/or the loss of the University's tax-exempt status.

For these and many other reasons, all fundraising requests made in the name of the University must be approved in advance by the Vice President for Development. In addition, only the Vice President for Development or their designee is empowered to issue the University's official receipt that qualifies a donor's charitable contribution as deductible for tax purposes.

Any fundraising activity that employs the name, image or reputation of the University, in an effort to secure financial gifts will be considered fundraising in the name of the University and is subject to this policy. In the area of "sponsored research", University Development may work with the Office of Sponsored Research to determine the most appropriate fit for the project.

Any potential fundraising activities on behalf of an University program or initiative must first be approved by the appropriate dean and/or the divisional vice president before a request for assistance is directed to University Development. In all decisions related to funding, the priorities of the University, as approved by the Board of Trustees, shall guide the decision making process.

University Development will not share lists of donors or other constituents with individuals and organizations not affiliated with approved university fundraising activities.

This policy shall apply to any and all members of the University community, as well as to any other individuals or organizations who may represent themselves as members of the University community or who claim to be acting on behalf of the University. This policy does not apply to members of the University community when they are engaged in fundraising activities for other organizations and/or when they have explicitly stated that their fundraising activities are unrelated to the university.

Today's donors have more outlets for their philanthropic desires than ever before. As competition for the philanthropic dollar has increased, donors now receive numerous appeals from multiple non-profit organizations. Consequently they are likely to become annoyed by multiple requests from the same organization. To ignore this is to risk reduced support, an outright refusal, or perhaps even permanent discontinuation of support.

Grand Valley State University can be at the forefront of a donor's choice if we are clear in our intent, focused on the university's highest priorities, and present exciting opportunities for support. Coordination of university-wide fundraising activities is imperative.

Prohibited Activities

Members of the University community are prohibited from engaging in the following tactics and activities for purposes of fundraising:

- Use of home addresses from the university telephone directory to compile calling or mailing lists.
- Use of the Grand Valley State University Alumni Directory to compile calling or mailing lists.
- Using one's status as a Grand Valley State University employee or student to secure a gift commitment unless specifically authorized to do so.
- Using "mass e-mails" on the campus intranet system to solicit gifts unless specifically authorized to do so by University Development.
- Conducting lotteries or similar games of chance, which the State of Michigan defines as gambling. Raffles may be conducted with prior approval from the Office of Student Life. For procedures and protocols implementing this policy please contact the Development Office.

GIFT ACCEPTANCE POLICY

SLT 8.4

Date of Last Update:
September 22, 2025

Approved By:

- Senior Leadership Team

Responsible Office:
University Development

POLICY STATEMENT

PURPOSE/BACKGROUND
The Gift Acceptance Policy ("GAP") for Grand Valley State University (the "university") and Grand Valley University Foundation (the "foundation") provides flexible guidelines for accepting gifts aligned with university values. In addition, these policies and protocols seek to do the following:

- Protect the mutual interests of both donors and the university/foundation
- Delineate the administrative responsibilities of the university and the foundation.
- Serve as a staff reference.

Institutional Advancement is responsible for ensuring compliance with this policy and shall establish and maintain guidelines and procedures for the handling, processing, and counting of all gifts detailed herein (see "Associated Protocols"). Institutional Advancement shall perform these operations unencumbered as described in the guidelines and procedures. This policy adheres to all applicable IRS rules and regulations and is in keeping with standards established by the Council for Advancement and Support of Education (CASE). It shall be reviewed and revised based on the Institutional Advancement Review Schedule.

GUIDING PRINCIPLES
The university values and is responsible for its integrity, independence, and academic freedom. Therefore, neither the university nor the foundation will accept gifts that involve any form of discrimination prohibited by law. Neither will the university nor the foundation accept gifts that are overly restrictive in the university's ability to use them in support of its mission. Similarly, the university and the foundation reserve the right to refuse any gift.

The following principles will guide the university and the foundation in accepting private gifts:

- The university and the foundation seek gifts from individuals, corporations, family foundations, and other organizations that enable it to fulfill its purposes of teaching, research, and community service—to advance the university's core mission.
- In accepting gifts, the university and the foundation also accept the responsibility to donors to steward gifts; administer them properly; and report to donors appropriate financial information and about their gifts' uses.
- All gifts are administered cooperatively by the university's Office of Business and Finance, academic departments, and other units.
- Gifts accepted by the university or the foundation must not inhibit it from seeking gifts from other donors or potential donors.
- Gifts must be designed and administered consistent with legal and accounting requirements.
- The university will abide by The Donor Bill of Rights as adopted by the Association of Fundraising Professionals (AFP), the Association for Healthcare Philanthropy (AHP), the Council for Advancement and Support of Education (CASE), and the Giving Institute.

DEFINITIONS
Donor Advised Fund: A charitable giving vehicle where donors contribute money or assets to a sponsoring organization and then can recommend grants to charities of their choice from that fund.

Externally Sponsored Project: include projects supported by way of grants and cooperative agreements; incoming or outgoing sub-recipient agreements or subawards; certain incoming or outgoing contracts including direct contracts, service agreements, and consulting agreements; pass-through subcontracts and service agreements; and certain other agreements, including master collaboration agreements, material transfer agreements, and data-use agreements—whether funded or unfunded as further defined by the Externally Sponsored Projects Policy (SLT 3.11).

Non-Gifts: Transaction types that either will not be accepted by the university or foundation, may be accepted but only upon official review, or are not tax-deductible.

Philanthropic Gift: A philanthropic gift is an instrument by which an outside donor voluntarily transfers money, services, or property from a donor to the university. There is no expectation of direct economic benefit or the provision of goods or services to the donor, although donors can place stipulations on gifts that direct the funds to the donors' areas of interest. Institutional Advancement will determine the charitable nature of this type of giving in accordance with Council for Advancement and Support of Education (CASE) Global Reporting Standards and Internal Revenue Service (IRS) guidelines, which may differ from reporting for financial statement purposes. Institutional Advancement will determine the charitable nature of this type of giving. Philanthropic Gifts do not include Purchasing Agreements but may include some Externally Sponsored Projects as outlined in the Sponsored Project or Gift Guide. Types of philanthropic gifts include:

- Assignment of Income: Donor-assigned income received from a third party as payment for services (e.g., payment for serving on a corporate board, honoraria for speaking engagements, payment for book sales). In such circumstances, the donor is the person making the assignment, not the organization making the payment.
- Cash Contributions: Gifts made by cash, check, wire transfer, electronic funds transfer, credit card, or payroll deduction. Other similar payment mechanisms, such as PayPal, are likewise treated as a cash

contribution.

- Charitable Gift Annuity: An individual irrevocably transfers to an institution some property, such as securities, and the institution agrees in a contract to pay the donor or other beneficiaries (maximum allowable of two beneficiaries) a guaranteed annuity for life.
- Cryptocurrency: A digital or virtual form of currency that utilizes cryptography for security.
- Grant: A financial award given to a nonprofit organization, often to support a specific project or program with specific reporting requirements. Typically grants are given by corporations or foundations with no expectation of repayment, though this may be allowable under certain conditions as specified in SLT 3.11.
- Intangible Property: property that has no physical form but still holds value, e.g. computer software, patents, easements, and copyrights.
- Life Insurance: Transferring ownership of an existing policy or establishing a new one for the benefit of another person or organization.
- Matching Gift: A company or other entity donates an additional amount to a nonprofit organization, matching an employee or trustee's previous donation.
- Non-Fungible Tokens (NFTs): Unique cryptographic tokens that exist on a blockchain (a system in which a record of transactions is maintained across several computers linked in a peer-to-peer network) and cannot be replicated. NFTs can represent real-world items like artwork and real estate.
- Planned/Deferred Gift: a philanthropic gift that is arranged now but is realized in the future, typically through an individual's estate plan.
    - o Bequest: a gift by will of cash or personal or real property.
    - o Charitable Lead Trusts: A trust that pays income from its underlying assets to a charity for a specified period while reserving the assets for later distribution to the charity or other beneficiaries. Typically funded with income-producing assets.
    - o Charitable Remainder Trust: An irrevocable qualified trust in which a donor gives cash or assets to the trust, allowing the payment of income to one or more persons for their lives or a term of years. At the end of this time, the trust's assets are given to one or more charities designated by the donor.
    - o Real Property with Retained Life Estate: A donor deeds personal residential property (or a farm) to a charitable organization. While the donor is still living, they have a legal interest in the life estate with full rights to live there or to rent or sell those rights.
    - o Wholly Owned Charitable Trusts Administered by Others: A wholly owned charitable trust is held for the benefit of charity, where the principal is invested, and the income is distributed to charitable organizations. All interests in income and principal are irrevocably dedicated to charitable purposes (as opposed to a charitable remainder or lead trust).
- Pledge: A promise to make a gift over a specified period of time.
    - o Unconditional: For a pledge to be unconditional, a promise cannot depend upon the occurrence of a future, uncertain event.
    - o Conditional: A statement of intent that is retractable or indefinite.
    - o Challenge: A statement of intent to give a gift conditioned on some specific future and uncertain event to occur, which will obligate the donor. Such a pledge is also conditional.
- Quid Pro Quo: A payment a donor makes to a charity partly as a contribution and partly for goods or services.
- Real Estate: Voluntary transfer of ownership of land or buildings from one person to another without any payment or consideration in return. Includes single and multiple-family residences, condominiums, apartment buildings, rental property, commercial property, farms, and undeveloped land.
- Recurring Gift: A commitment by a donor to regularly contribute a predetermined amount to a nonprofit organization on a set schedule, such as monthly, quarterly, or annually.
    - o Limited Recurring Gift: The donor establishes a limit on the number of recurring payments (number of months) or a specific end date. When either limit is reached, the recurring payment ceases.
    - o Sustaining Recurring Gift: The donor establishes a fixed dollar amount to be charged at a specific frequency (e.g., monthly or quarterly) with no end date.
- Securities: A tradable financial asset or instrument that can be bought, sold, or traded on financial markets.
- Tangible Property: Transfer of physical, touchable items from one person to another without payment, e.g. books, works of art, manuscripts or archival materials, films, sporting equipment, computer equipment, furniture, office equipment, machinery, musical instruments, and lab equipment.

Purchasing Agreement: An agreement entered into by the university through its Procurement Services Office and an outside vendor or supplier to purchase goods and/or services.

GIFT REVIEW AND APPROVAL PROCESS

Aspects of any gift that must be considered before acceptance include:

- the purpose of the gift (also known as the gift designation);
- the type of asset that is being donated; and
- whether the gift places undue burden on the university.

In addition to the three aspects listed above, aspects of unusual gifts that should be considered are:

- The gift should not pose any unreasonable potential hazards, risks, or legal liabilities for the university.
- The gift should not result in financial liabilities other than those required for normal gift administration.

Gifts Accepted Without Review:

Gift designations that can be accepted without review are:

- Unrestricted liquid assets (e.g., cash, checks, publicly traded securities, and credit cards) to stated fundraising priorities or existing funds during an annual or multi-year campaign.
- Gifts to existing endowments.

Gifts Subject to Review by Institutional Advancement

Gifts which are coordinated through established processes within Institutional Advancement:

- Assignment of income
- Corporate matching gifts
- Deferred gifts
- Gifts to establish new endowments. These must adhere to the endowment minimums and establishment requirements in existence at the time of the donation
- Gifts requiring standard gift agreements
- Gifts-in-kind
- Grants
- Pledges

Gifts Subject to Review by the Gift Acceptance Committee:

Gifts that must be reviewed prior to acceptance include, but are not limited to:

- Gifts requiring unusual funding arrangements or other commitments
- Deferred gifts or bequests that will be funded with real estate or hard-to-value assets such as limited partnerships.
- Deferred gifts in support of facilities projects
- Gifts of intangible or unusual personal property
- Gifts of non-publicly traded securities (often called "closely held")
- Gifts of partnership interests and other non-traditional investments
- Gifts of real estate, including real property with retained life estate
- Gifts of fully-funded Donor Advised Funds
- Gifts with special restrictions that may be difficult or costly to administer
- Any gifts that are exceptions to existing guidelines or that fall outside the definition of acceptable gifts as defined in this GAP
- Cryptocurrency donations
- Realized bequests that include property
- Charitable gift annuities
- Charitable remainder trusts

The above items are not exclusive. The university or foundation may consider any unusual gift outside of these parameters as it deems necessary.

Gifts of Life Insurance:

Except for realized death benefits, life insurance policies may be accepted and recorded as a gift only when the university is both the policy owner and the irrevocable beneficiary. If the policy is not fully paid when the gift is contemplated, it will be subject to review prior to acceptance.

The university and foundation will accept in-force life insurance policies under the following conditions:

- Full ownership must be transferred to the university or foundation; and
- Policies should have a net cash value with no outstanding loans; and
- When applicable, the donor should agree to contribute, on an annual basis, the amount necessary to maintain the policy in force.

Before accepting a policy, the university or foundation should be provided with a summary of the policy, including the donor's cost basis and current cash surrender value. The university or foundation reserves

the right to surrender a policy if it desires.

New life insurance policies taken out by donors should meet the following criteria:

- The policy should be with an insurance company rated A or better by A.M. Best Co.; and
- All proposals for gifts of life insurance should be submitted to the university or foundation before making an application for the policy and may be subject to review.

The university or foundation will not accept any insurance policy where the intent of the donor is for the university or foundation to pay future premium payments through policy loans.

Non-Gifts and Other Gifts Generally Not Accepted:
The following gift types are generally not accepted by the university and will only be reviewed for potential acceptance under extraordinary circumstances:

- Corporate Contracts: These are exchange transactions wherein a corporation funds a program to receive a contract from the university. As these are a form of quid pro quo, there is no gift from an IRS point of view.
- Deferred Gifts in Support of Facilities Projects: Deferred gifts are not accepted for facility construction or renovation projects.
- Non-Fungible Tokens (NFTs): The university currently does not recognize these as assets and presently does not have a method for managing donated NFTs. It is also questionable whether a donated NFT would be used for mission-related purposes. Receiving and selling an NFT during a charity auction may be possible.
- Partnerships and Certain Other Interests: Interests in general partnerships, limited partnerships, limited liability companies, Subchapter S-corporations, and working interests.
- Services and Partial Interest: Not tax-deductible per the IRS and, therefore, not accepted for addition to official fundraising totals. These can be accepted for immediate sale at an auction without any gift recording or tax receipt.
- Time-Shares: Generally, these are never accepted as a gift as they usually cannot be used to support the organization's mission or are nearly impossible to sell. This does not prevent the donation of the use of a time-share for charitable purposes (often as an auction item). However, such a donation typically qualifies as partial interest, which is not tax-deductible.
- Vehicles: While potentially tax-deductible, the IRS has made these difficult to claim at face value unless put to mission-related purposes (rarely seen at the university).

Gift Review Process:
Any gift requiring review greater than can be accomplished by Institutional Advancement prior to acceptance shall be referred to the Gift Acceptance Committee (GAC). This committee is formally established to review unique or unusual gifts and those that may represent a risk to the university or the foundation. The GAC must include the following representatives, with other staff invited and included on an as-needed basis:

- Vice President, Institutional Advancement & Executive Director, GVU Foundation
- Vice President, Finance and Administration
- Associate Vice President, Business and Finance
- University General Counsel
- Associate Director of Endowed and Gift Planning
- Assistant Director of Compliance and Gift Management

The Vice President of Institutional Advancement shall act as chair of the GAC. The chair shall schedule annual meetings, or as needed, and set the agenda for those meetings. The GAC shall have authority to accept or refuse a gift on behalf of the university or foundation. They shall refer to the appropriate protocols maintained by Institutional Advancement when making their decision (see "Associated Protocols").

GIFT ACCEPTANCE AND SPECIAL CIRCUMSTANCES

Gift Refunds or Transfer of Gift
On a rare occasion, a donor may request the return of a previously accepted gift or its transfer to an alternative institution. While gifts must be irrevocably given to be recognized as eligible for a charitable tax deduction, circumstances may suggest that such a return or transfer of funds is in the university's best interest. Therefore, the GAC should review the circumstances of significant requests before making any refund or transfer promises to a donor. Additionally, any unexpended funds from a private foundation may be returned as stipulated in the terms of agreement if the funds are unable to be spent as directed.

Gift Acceptance When Prospective Students are in the Admission Pipeline
Gifts to the university will have no effect on admissions decisions made consistent with established policies and procedures.

Anonymous Donors
The university will never accept a donation from a completely anonymous source. This statement does not preclude the acceptance of a donation offered to the university through a third-party agent. If a gift is made via a third-party agent, the agent must provide written certification of the donor's identity, ethical qualifications, and legal source of funds.

TREATMENT OF GIFTS

Cash, Checks, Wire Transfers, Electronic Funds Transfer (EFT), and Credit Cards
Gifts made by check, EFT, wire transfers, or credit card will be recorded by designated Institutional Advancement employees and verified in the fundraising system. Other similar payment mechanisms, such as Paypal, are likewise acceptable payment forms. Credit and debit card donations are limited to $99,999 per transaction. Exceptions to this limit may be authorized by the Vice President of Institutional Advancement as needed.

Corporate Matching Gifts
Institutional Advancement handles corporate matching gifts. A corporate matching gift, unless otherwise directed by the donor and so long as it is consistent with the policy of the company that is providing the matching gift, will be credited to the account and purpose for which the donor's original gift was made. Institutional Advancement will adhere to the company's matching gift guidelines as known to Institutional Advancement and to the extent it does not conflict with the university's policies. When there is ambiguity concerning any specific gift, Development Services will consult directly with the company or donor as to how to handle the situation.

Cryptocurrency
The IRS recognizes cryptocurrency as gifts of property. As such, in any future event in which the university is prepared to accept cryptocurrency, donations will be valued for internal purposes based on a close approximation of the legal value of the gift. The fund being given to will be credited with this amount. Receipts for these gifts will provide only a description and no value.

Donor-Advised Funds
Gifts from donor-advised funds and private foundations are fully accepted as gifts from those legal entities (while recognizing but not receipting the original individual donor).

Gifts Made Via Third-Party Entity
Donors who contribute to the university through donor-advised funds, private foundations, and similar entities may not receive any benefits under any circumstance related to that gift. Nor can that donor be offered the opportunity to pay the fair market value for that benefit resulting from a gift from such an entity (also known as bifurcation).

Grants
As stated in the Sponsored Project or Gift Guide, grants may be considered a philanthropic gift or a sponsored project or both when certain criteria are met, as allowed in SLT 3.11 and consistent with CASE standards. Institutional Advancement will work with the Office of Sponsored Projects using the established Sponsored Project or Gift Guide to determine a grant's classification when unclear.

Payroll Deduction
If a university employee contributes by payroll deduction, Institutional Advancement does not provide an acknowledgment or note of the contribution on the employee's W2 form. Employees will, however, receive an annual summary of their payroll deduction gifts or other document furnished by Institutional Advancement that proves the total amount withheld and certifies that no benefits were provided in exchange for the gift (see Quid Pro Quo).

Planned/Deferred Gifts
Institutional Advancement may accept a variety of planned gift vehicles including bequests, charitable lead trusts, charitable remainder trusts, wholly owned charitable trusts administered by others, and charitable gift annuity contracts. Institutional Advancement has established procedures regarding accounting, stewardship reporting, payment schedules, methods of tax reporting, trust administration and accounting, and all business procedures, including documentation requirements related to planned gift agreements. In addition, Institutional Advancement may use legal, tax accounting, estate planning, and investment services as needed and appropriate to establish deferred gift arrangements. Minimum requirements must be met to establish a charitable gift annuity or be considered as a co-trustee status for a charitable remainder trust. Charitable gift annuities and deferred gift annuities must be documented in a contract.

Pledges
For financial statement purposes, all conditional pledges should be disclosed in the footnotes of the university's annual financial reports. Only enforceable, legally binding pledges are recorded in the university's financial records and reports. All multi-year pledges, regardless of amount, should have a "written" and "signed" pledge agreement (Gift Information Form or email) that commits to a specific dollar amount or asset that will be paid according to a specified schedule. Electronic facsimiles and email exchanges will be accepted as "written" and "signed." Institutional Advancement shall maintain files on all documented pledges. Documented pledges must specify the pledge amount, specific designation/fund, payment terms, and the duration of the pledge period.

Quid Pro Quo Gift
If a donor receives a benefit because of contributing to a qualified organization, the donor can deduct as a philanthropic gift only the amount of the payment that is more than the fair market value of the benefit the donor received.

Recurring Gifts/Payments

Institutional Advancement allows donors to have credit cards and bank accounts automatically drafted or charged regularly. The most common frequency is monthly. Donors may sign up for either a limited or sustaining recurring payment. In the case of a limited recurring gift, the donor establishes a limit on the number of recurring payments (number of months) or a specific end date. When either limit is reached, the recurring payment ceases. In the case of a sustaining recurring payment, the donor establishes a fixed dollar amount to be charged at a specific frequency (e.g., monthly or quarterly) with no end date. Donors may request cessation of this arrangement with 30-days' notice.

Real Property with Retained Life Estate
Gifts of real estate with retained life estates may be accepted provided that the donor makes adequate provision for any expenses in connection with ownership of the real estate, including payment of mortgages, taxes, insurance, and utilities while the donor or tenant continues to reside there. Capital expenditures designed to maintain the value of the real estate (e.g., a new roof) may be negotiated with the donor. Any arrangements agreed to by Institutional Advancement and the donor must conform to the laws of the state in which the property is located. Once an agreement has been reached, Institutional Advancement will draw up a letter of agreement to be signed by the donor and the Vice President for Institutional Advancement.

Securities
Gifts of publicly traded securities that are either unrestricted or given to existing university priorities or funds are accepted without further consideration. The IRS recognizes security donations as gifts of property. As such, security donations will be valued for internal purposes based on a close approximation of the legal value of the gift. The fund being given to will be credited with this amount.

Testamentary Pledge Commitments
Bequest intentions (revocable in-will statements) will be recorded as $.01 in all donor records. Testamentary pledges must be secured by either a copy of the will or a written pledge agreement.

ASSOCIATED PROTOCOLS
Institutional Advancement shall maintain the following protocols and guidelines:

- A Gift Refund and Transfer Protocol outlining the steps required to issue a gift refund or transfer funds to another non-profit.
- A Gifts of Securities Protocol that outlines the steps for receiving, processing, recording, and receipting gifts of securities.
- An Endowment Establishment Protocol outlining the steps necessary to create a new endowment for the university.
- Planned Giving Protocol with details on various gift planning instruments and how they should be recorded.
- A Real Estate Acceptance and Administration Protocol ensuring that the expenses and risks associated with accepting real estate gifts are commensurate with the gifts' ultimate value to the university.
- A Review and Write-Off Protocol regarding unfulfilled pledges which shall be promulgated separately and performed unencumbered by Development Services.
- A Substantiation and Acknowledgement of Gifts Protocol with further details on accepting, processing, and receipting gifts, including gifts with a quid pro quo.
- University Anonymity Protocol providing additional details regarding anonymous donors and gifts.
- University Naming Guidelines that outline any requirements if a facility naming is involved.
- University Tangible Personal Property (Gifts-in-Kind) Protocol giving further detail on the processing of gifts-in-kind.

PRIVACY POLICY

SLT 8.5

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
University Development

POLICY STATEMENT

Grand Valley State University maintains a database (Millennium) of biographical and gift/pledge information about alumni and friends in accordance with the general needs and expectation of the university community. The information contained in this database is intended exclusively for purposes related to Grand Valley State University programs.

It is the desire of Development Services to support the ongoing activities of Grand Valley State University by providing assistance for programs, communication and events that bring together the expanding orbit of constituents of the university. In order to provide the best possible service to those with legitimate needs for such information, and at the same time maintain the confidentiality of the information entrusted to us by our constituents, the following policies have been developed. These policies were approved in 2007 by the Vice President for Development and now apply to every request for information and to direct access to the Millennium System.

PROCEDURES

Organizations that may request information

The following organizations and individuals may request information from the Millennium database:

Grand Valley State University affiliated organizations and constituent groups, in support of approved activities, including:

- Office of Alumni Relations
- Constituent groups approved by the Office of Alumni Relations
- University Development
- Other administrative units
- Academic units
- Athletic programs
- Office of Career Planning

In cases of dispute about whether an organization has a legitimate affiliation with the University, the final decision will rest with the Vice President for Development or the Director of Development Services as the Vice President's designee.

- Other colleges and universities seeking the location of alumni with degrees from both Grand Valley State University and the requesting institution
- Law enforcement agencies and student loan agencies
- Agencies that assist Development Services in locating Grand Valley State University's alumni

Any other requests will be forwarded to that person whose information is sought so that they can decide whether or not to contact the requestor. No information will be released for those records coded "No Contact" indicating the alumnus or alumna has requested no university contact. The same rule will apply to records coded Confidential.

All requests for information from members of the media must be referred to University Communications.

Information that may be released

The following information may be released from the Millennium database:

- "Public information," which is limited to:
  - Full name
  - Degree(s) and date of degree(s) awarded by Grand Valley State University
  - Major field of study
  - Class year

"Public information" will be provided only to those requestors identified above.

Federal law severely restricts the amount of information that may be released on current students. Therefore, no information on students will be released based on data maintained in Millennium. All requests for information on current students should be forwarded to the Registrar's Office.

Information provided to volunteer alumni constituent groups would be limited to those alumni who are affiliated with the requesting group.

In addition to public information, request from the University Development, Alumni Relations, administrative, academic, or athletic units of Grand Valley State University and central administration may be provided the following information:

- Employment
- Student activities
- Alumni activities
- Family members
- Degrees obtained from other institutions
- Miscellaneous comments, awards and text
- Gift and pledge data
- Selected biographical attributes

Acceptable use of information

The following statements specify the acceptable internal uses of information from the alumni database:

1. Development Services will make available information from its database for the support of approved, university-related activities.

2. Approved activities include:

a. Alumni Relations
b. Fundraising
c. Public Relations
d. Governmental relations
e. School/department communications to alumni/constituents
f. University-sanctioned research
g. Grand Forum
h. Student recruitment

3. Information maintained in Millennium is not available for release for nonrelated commercial or political purposes.

4. If the information provided will result in the preparation of lists or directories that are to be published in book, magazine, newsletter, electronic media or other forms for general distribution among alumni groups, prior to publication each individual who might be included must be provided the opportunity to indicate in writing the wish to be excluded.

5. Requestors of data from Millennium may contract to services of outside vendors (e.g. data processing consultants, direct mail firms, marketing and merchandise firms, etc.) to process and/or distribute information obtained from Millennium. In these cases:

a. The vendor must agree to use the information only for the purpose intended by the university client. The sale or transfer of the information by the vendor is strictly prohibited.
b. If the project in question results in the publication of directories or lists as identified above, the procedures outlined must be followed prior to publication.
c. The vendor must ensure the prompt return of and university-owned computer tapes or electronic software provided in fulfillment of the contract.
d. The university client or the vendor agrees to pay any costs associated with systems programming or special data processing that might be required beyond the normal capabilities of the Millennium computer system.
e. In all cases involving the use of outside vendors or contractors, the absolute confidentiality of the information provided from the Millennium database is the responsibility of the requestor.

6. Formats available for distribution of information: Information may be obtained in the form of lists, labels, computer tapes, diskettes, and downloads by authorized university representatives in support of approved activities as noted above. It is the responsibility of the unit requesting information to maintain the absolute confidentiality of that information as specified in this policy statement.

7. Privacy Statement attachment: A privacy statement will be attached to any of the information provided to requestors of data from Millennium stating the following: The enclosed (attached) data is for the sole use of the requestor and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Responsibility for the absolute confidentiality of the information provided is the responsibility of the requestor.

8. Compliance with these policies: Failure to abide by any of the policies stated within this document may result in denial of access to information contained in the Millennium database. Request for reinstatement to access to this information must be approved by the Vice President for Development or a designee and must include written assurance of future compliance with these policies.

In cases of dispute about what constitutes an approved activity, the final decision will rest with the Vice President for Development or the Director of Development Services as the Vice President's designee.

Statement of database access policies

Direct access to Millennium is restricted by the Millennium Security policies and procedures as well as the university's Conditions of Use Information Technology Services Policy.

POLICY PROHIBITING DISCRIMINATION, HARASSMENT, AND MISCONDUCT

SLT 9.1

Date of Last Update:
October 14, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Civil Rights and Title IX

POLICY STATEMENT

1. Purpose

GVSU is committed to providing an educational and employment environment that is free from discrimination and harassment based on Protected Characteristics, and free from retaliation for engaging in protected activity.

GVSU values and upholds the equal dignity of all members of its community and strives to balance the rights of the Parties in the Resolution Process during what is often a difficult time for all involved.

To ensure compliance with federal, state, and local civil rights laws and regulations, and to affirm its commitment to promoting the goals of fairness and equity in all aspects of its education programs and activities, GVSU has developed this Policy and related procedures that provide for prompt, fair, and impartial resolution of allegations of discrimination, harassment or misconduct based on Protected Characteristics.

2. Notice of Discrimination, Harassment, and Misconduct Based on Protected Characteristics

GVSU seeks to comply with all federal, state, and local laws, regulations, and ordinances prohibiting discrimination, harassment, and misconduct in public post-secondary education institutions.

GVSU does not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of actual or perceived Protected Characteristics.

This Policy covers alleged discrimination, harassment and misconduct in employment and in access to educational opportunities, and prohibits such misconduct. Therefore, any member of the GVSU community whose acts objectively deny, deprive, unreasonably interfere with or limit the education or employment, residential and/or social access, benefits, and/or opportunities of any member of GVSU's community, guest, or visitor on the basis of that person's actual or perceived Protected Characteristic(s), is in violation of this Policy.

Actual or perceived Protected Characteristics as referenced in this Policy include:

- Age
- Color
- Disability (physical or mental)
- Ethnicity
- Familial Status (including Parental Status)
- Gender expression
- Gender identity
- Height
- Marital status

- National origin (including Shared Ancestry)
- Political affiliation
- Pregnancy or Related conditions
- Race
- Religion
- Sex
- Sexual orientation
- Veteran or active-duty military status (including disabled veteran; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran)
- Weight

GVSU will promptly and effectively address any such discrimination, harassment or misconduct of which it has knowledge or Notice using the resolution process outlined in the Resolution Process for Alleged Violations of GVSU Policy Prohibiting Discrimination, Harassment and Misconduct.

3. Contacts

GVSU has appointed the following individual(s), to coordinate GVSU's compliance with this policy and federal, state, and local civil rights laws and ordinances:

For sex discrimination, sex-based harassment, and other sexual misconduct allegations:

Title IX Coordinator

Kathleen VanderVeen
Associate Vice President of Civil Rights and Title IX
Title IX and ADA Coordinator
Office of Civil Rights and Title IX
Zumberge
1 Campus Drive
616.331.9532
vandervk@gvsu.edu
www.gvsu.edu/titleix

For other forms of discrimination, harassment, and misconduct allegations:

Office of Civil Rights and Title IX (OCRTIX)
Zumberge
1 Campus Drive
616.331.9532
www.gvsu.edu/titleix

The Title IX Coordinator and other members of the Office of Civil Rights and Title IX (OCRTIX) are responsible for providing comprehensive education and training; coordinating GVSU's timely, thorough, and fair response, investigation, and resolution of all alleged prohibited conduct under this Policy; and monitoring the effectiveness of this Policy and related procedures to ensure an education and employment environment free from discrimination, harassment, and misconduct.

GVSU recognizes that allegations under this Policy may include multiple forms of discrimination, harassment or misconduct, as well as violations of other GVSU policies; may involve various combinations of students, employees, and other members of the GVSU community; and may require the simultaneous attention of multiple GVSU departments.

Accordingly, all GVSU departments will share information, combine efforts, and otherwise collaborate, to the maximum extent permitted by law, and consistent with other applicable GVSU policies, to provide uniform, consistent, efficient, and effective responses to alleged discrimination, harassment, or misconduct.

4. External Contact Information

Concerns about GVSU's application of this Policy and compliance with certain federal civil rights laws may also be addressed to:

Office for Civil Rights (OCR)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
Customer Service Hotline #: (800) 421-3481
Facsimile: (202) 453-6012
TDD#: (877) 521-2172
Email: OCR@ed.gov
Web: http://www.ed.gov/ocr

Office for Civil Rights (OCR)
U.S. Department of Education
1244 Speer Boulevard, Suite 310
Denver, CO 80204-3582

Email: OCR.Denver@ed.gov
For Complaints involving employee-on-employee conduct: Equal Employment Opportunity Commission (EEOC)

EEOC Regional Office
Patrick V. McNamara Building, 477 Michigan Avenue, Room 865
Detroit, MI, 48226

5. Definitions (Appendix A)

Please see Appendix A for a list of definitions pertaining to the Policy and related procedures.

6. Mandatory Reporters

All GVSU faculty and employees (including student-employees), Resident Assistants, and Graduate Assistants, other than those deemed Confidential Employees, are Mandatory Reporters and are expected to promptly report all known details of actual or suspected discrimination, harassment, or misconduct to appropriate officials immediately, although there is a Limited Event Exception as defined in Appendix A. Supportive Measures may be offered as the result of such disclosures without formal GVSU action.

Complainants may want to carefully consider whether they share personally identifiable details with Mandatory Reporters, as those details must be shared with the OCRTIX.

If a Complainant seeks formal action in response to their allegations, reporting to any Mandatory Reporter can connect them with resources to report alleged crimes and/or Policy violations. These employees will immediately pass Notice to the OCRTIX (and/or GVPD, if desired by the Complainant or required by law), who will then act in accordance with their procedures.

Failure of a Mandatory Reporter, as described above in this section, to report an incident of discrimination, harassment or misconduct of which they become aware is a violation of GVSU Policy and can be subject to disciplinary action for failure to comply or failure to report.

A Mandatory Reporter who is themselves a target of discrimination, harassment, or other misconduct under this Policy is not required to report their own experience, though they are, of course, encouraged to do so.

If a student (or a student's parent or other legal representative) informs a GVSU employee of the student's pregnancy or related conditions, in the absence of an associated report of discrimination, harassment, or other misconduct, Mandatory Reporters need not inform OCRTIX. However, the employee must provide the reporting person with information as outlined in the Pregnancy-Based Grievances and Complaints provision of this Policy.

7. Confidential Reporting Options

The following sections describe GVSU's confidential reporting options for a Complainant (including parents or legal guardians when appropriate):

If a Complainant would like to confidentially access support and resources, the Complainant may speak with Confidential Employees. Confidential Employees are not required to notify the OCRTIX about prohibited conduct under this policy, but will provide information to the reporting individual regarding how to contact OCRTIX, how to make a Complaint, and how OCRTIX can help.

There are three categories of Confidential Employees: A) Those with confidentiality bestowed by law or professional ethics, such as lawyers, medical professionals, clergy, and mental health counselors; B) Those

whom GVSU has specifically designated as Confidential Resources for purposes of providing support and resources to the Complainant; and C) Those conducting human subjects research as part of a study approved by GVSU's Institutional Review Board (IRB).

A. Confidential Employees by Law or Ethics

For those in category A), above, to be able to respect confidentiality, they must be in a confidential relationship with the person reporting, such that they are within the scope of their licensure, professional ethics, or confidential role at the time of receiving the Notice. These individuals will maintain confidentiality except in extreme cases of immediacy of threat or danger or abuse of a minor, elder, or individual with a disability, or when required to disclose by law or court order. These employees include the following:

- On-campus licensed professional counselors and staff
- On-campus health service providers and staff

B. Designated Confidential Resources

To enable Complainants to access support and resources without filing a Report or Complaint, if they so choose, GVSU has designated specific employees as Confidential Resources. Confidential Resources are not required to report actual or suspected discrimination, harassment, or misconduct in a way that identifies the Parties. They will, however, provide the Complainant with the OCRTIX's contact information and offer options and resources. Confidential Resources do not have any obligation to inform an outside agency or GVSU official of identifying information or the details of the allegations unless a Complainant has requested the information be shared. These employees include the following:

- On-campus Victim Advocates
- Employee Ombuds
- Student Ombuds

C. Confidential Employees Conducting Human Subjects Research

Those persons conducting IRB-approved human subjects research at GVSU who, during the course of the research, learn of allegations of discrimination, harassment or misconduct, are considered Confidential Employees while conducting the approved study. They are not required to notify the OCRTIX about prohibited conduct under this policy, but will provide information to the reporting individual regarding how to contact OCRTIX, how to make a Complaint, and how OCRTIX can help.

In addition, Complainants may speak with individuals unaffiliated with GVSU without concern that this Policy will require them to disclose information to the institution without permission:

- Licensed professional counselors and other medical providers
- Local rape crisis counselors
- Domestic violence resources
- Local or state assistance agencies
- Clergy/Chaplains
- Attorneys

8. Methods of Notice

If a Complainant would like to provide the details of an incident under this Policy, the Notice may be provided directly to the OCRTIX or to a Mandatory Reporter who will notify the OCRTIX through one of the following methods:

A. Making a Report

A Report provides Notice to GVSU of an allegation or concern about discrimination, harassment or misconduct, and provides an opportunity for the OCRTIX to provide information, resources, and Supportive Measures. Such a Report may be made verbally or in writing at any time (including during non-business hours) by using the telephone number, email address, or mailing address of the OCRTIX.

If a Complainant makes a Report but does not wish to file a Complaint, GVSU will maintain the privacy of information to the extent possible. Therefore, a Complainant should not withhold Notice for fear of a loss of confidentiality. By giving Notice, GVSU can discuss the incident and/or provide Supportive Measures as needed to those involved. For more information regarding Confidential Reporting Options, refer to that provision of this policy.

B. Making a Complaint

A Formal Complaint ("Complaint") provides written Notice to GVSU that the Complainant would like to initiate an investigation or other appropriate resolution procedures. Such a Complaint must be submitted in writing, using the OCRTIX Complaint Form. The Complaint Form may be submitted at any time (including during non-business hours) in person, online, by email address or by mailing address to the OCRTIX.

A Complainant may initially make a Report and may decide at a later time to make a Complaint.

A Complainant does not have to be a member of the GVSU community to file a Complaint under the Jurisdiction of this Policy. At the time of filing the Complaint, a Complainant must be participating in or attempting to participate in a GVSU education program or activity.

C. Online Submission

A Complainant may submit online Notice at https://cm.maxient.com/reporting.php?GrandValley.

Anonymous Notice is accepted. However, please note that in order to properly address or investigate the allegations, the Notice may give rise to a need to try to determine the Parties' identities. Please also be aware that Anonymous Notice may limit GVSU's ability to investigate, respond, and provide remedies. It also may not be possible to provide Supportive Measures to Complainants who are the subject of Anonymous Notice.

Measures intended to protect the community or redress or mitigate harm may be enacted in response to an Anonymous Notice.

Reporting carries no obligation to initiate a Complaint, and in most situations, GVSU is able to respect a Complainant's request to not initiate a Resolution Process. However, there may be circumstances, such as pattern behavior, allegations of severe misconduct, or a serious threat to health and/or safety, where GVSU may need to initiate a Resolution Process, signing and submitting its own Complaint Form through the OCRTIX.

9. Time Limits on Reporting

There is no time limitation on providing Reports or Complaints to the OCRTIX. However, if the Respondent is no longer subject to GVSU's jurisdiction and/or significant time has passed, the ability to investigate, respond, and/or provide remedies may be more limited or rendered impossible.

The OCRTIX will review all Reports or Complaints significantly impacted by the passage of time (including, but not limited to, impacts caused by the rescission or revision of Policy) for determination of whether to act upon it. The OCRTIX may document allegations for future reference, offer Supportive Measures, and/or engage in informal or formal action, as appropriate.

10. Prompt & Effective Response to Allegations

After receipt of Notice through Report or Complaint of prohibited conduct under this policy, GVSU will:

1. Treat the Complainant and Respondent equitably.
2. Offer and coordinate Supportive Measures, as appropriate, for the Complainant.
3. Offer and coordinate Supportive Measures as appropriate, for the Respondent, if GVSU initiates Formal Resolution (Grievance Procedures) or offers an Informal Resolution process to the Respondent.
4. Notify the Complainant, or if the Complainant is unknown, the individual who reported the conduct, of the process for filing a written Complaint if desired, the Grievance Procedures, and the Informal Resolution process, if available and appropriate.
5. If a Complaint is made, notify the Respondent of the Grievance Procedures and the Informal Resolution process, if available and appropriate.
6. In response to a Complaint, initiate GVSU's Grievance Procedures or Informal Resolution process, if available and appropriate.
7. In the absence of a Complaint, or in the case of withdrawal of any or all of the allegations in a Complaint, and/or in the absence or termination of an Informal Resolution process, make a fact-specific determination regarding whether the OCRTIX will initiate a Complaint itself.
8. If the OCRTIX initiates a Complaint itself, make reasonable efforts to notify the Complainant prior to doing so and appropriately address reasonable concerns about the Complainant's safety or the safety of others.
9. Regardless of whether a Complaint is initiated, take other appropriate prompt and effective steps in effort to ensure that conduct prohibited by this Policy does not continue or recur within GVSU's education program or activity, in addition to providing remedies to an individual Complainant.

For additional information regarding the Resolution Process under this Policy, please review the Resolution Process for Alleged Violations of GVSU Policy Prohibiting Discrimination, Harassment and Misconduct.

11. Disability-Based Grievances and Complaints

Allegations of discrimination, harassment or misconduct on the basis of an actual or perceived disability, including instances in which the provision of reasonable accommodations has allegedly had a discriminatory effect, will be resolved under this Policy and related procedures.

However, grievances or complaints related to one's disability status and/or type of accommodation provided, are addressed as outlined in GVSU's ADA Accommodation Policy for Faculty, Staff and Students with Disabilities.

12. Pregnancy-Based Grievances and Complaints

Allegations of discrimination, harassment or misconduct on the basis of an actual or perceived pregnancy, including instances in which the provision of reasonable accommodations has allegedly had a discriminatory effect, will be resolved under this Policy and related procedures.

However, grievances or complaints related to one's pregnancy status and/or type of accommodation provided, are addressed as outlined in GVSU's Pregnancy, Childbirth and Pregnancy Related Conditions Policy.

When a student (or a student's parent or other legal representative) informs a GVSU employee of the student's pregnancy or related conditions, in the absence of an associated report of discrimination, harassment, or other misconduct, Mandatory Reporters need not inform OCRTIX. However, the employee must provide the reporting person with the OCRTIX's contact information and inform that person that the OCRTIX can do the following in effort to prevent sex discrimination or hostile environment based on the student's Pregnancy or Related Condition(1):

- Inform the student of their rights under this Policy;
- Provide reasonable accommodations, including private space and a reasonable break for lactation;
- Allow voluntary leave of absence, as medically necessary, and reinstatement upon return;
- Ensure individualized reasonable modifications are provided as needed (and as defined in the related Pregnancy Policy);
- Refrain from requesting supporting documentation when a) it has already been provided, 2) it relates to lactation needs, c) it is obvious, d) it constitutes a routine or simple modification, or e) other non-pregnancy related students receiving the accommodation obtain it without supporting documentation.

13. Scope

This Policy is not meant to inhibit or prohibit educational content or discussions inside or outside of the classroom that include germane, but controversial or sensitive, subject matters protected by academic freedom.

This Policy prohibits all forms of discrimination, harassment or misconduct on the basis of the identified Protected Characteristic(s), and may be applied to incidents, to patterns, and/or to the institutional culture or climate, all of which may be addressed in accordance with this Policy.

This Policy is only applicable to alleged incidents of discrimination, harassment or misconduct that occur on or after August 14, 2020. For alleged incidents occurring prior to August 14, 2020, the federal regulations in place at the time of the alleged incident apply.

This Policy applies to all faculty, employees, students, and other individuals participating in or attempting to participate in GVSU's program or activities, including education and employment.

14. Jurisdiction

This Policy applies to alleged discrimination, harassment or misconduct occurring in circumstances where GVSU has disciplinary authority at or during GVSU's education programs and activities (including locations, events, or circumstances in which GVSU exercises substantial control).

This Policy applies to alleged incidents occurring within any building owned or controlled by a GVSU-recognized student organization.

This Policy also applies to alleged off-campus misconduct if the effects of that conduct are to objectively limit or deny a person's access to GVSU's education program or activities.

GVSU may also extend jurisdiction to online conduct occurring on campus or off-campus when the conduct affects a substantial GVSU interest. For more information regarding online conduct, refer to the Online Discrimination, Harassment or Misconduct provision of this policy.

A substantial GVSU interest includes, but is not limited to, prohibiting the following related conduct:

1. Any action that constitutes a criminal offense as defined by law. This includes, but is not limited to, single or repeat violations of any local, state, or federal law.
2. Any situation in which it is determined by GVSU that the Respondent poses an imminent and serious threat to the health or safety of any student, employee, or other individual.
3. Any situation that significantly and objectively impinges upon the rights, property, or achievements of others, significantly breaches the peace, and/or causes social disorder.
4. Any situation that substantially interferes with GVSU's educational interests or mission.
5. Any situation that is sufficiently serious that it objectively denies or limits a GVSU community member's ability to participate in or benefit from GVSU's programs or activities. Objectivity is based on a reasonably prudent person in like circumstances.

For disciplinary action to be issued under this Policy, the Respondent must be a GVSU faculty member, student, or employee at the time of the alleged incident. If the Respondent is unknown or is not a member of GVSU community, the OCRTIX will offer to assist the Complainant in identifying appropriate institutional and local resources and support options, and GVSU will implement appropriate Supportive Measures and/or remedial actions where necessary. GVSU can also assist the Complainant in contacting local or institutional law enforcement if the individual would like to file a police report about criminal conduct

All vendor employees serving GVSU through third-party contracts are subject to these policies and procedures given their employer's agreement to be bound through the respective contracts.

When a party is participating in a dual enrollment/early college program, GVSU will coordinate with the party's home institution to determine jurisdiction and coordinate providing Supportive Measures and responding to the Report or Complaint under the appropriate policy and procedures based on the allegations and identities of the Parties.

When the Respondent is enrolled in or employed by another institution, the OCRTIX can assist the Complainant in contacting the appropriate individual at that institution, as it may be possible to initiate a process under that institution's policies.

Similarly, the OCRTIX may be able to assist and support, through remedial measures, a GVSU student or employee Complainant who experiences discrimination elsewhere (such as in an externship, study abroad program, or other environment external to GVSU where sexual harassment or nondiscrimination policies and procedures of the facilitating or host organization may give the Complainant recourse).

GVSU does not have jurisdiction to handle the matter through its grievance process if the conduct did not occur against a person in the United States.

15. Supportive Measures

GVSU will offer and implement appropriate and reasonable Supportive Measures to the Parties upon Notice of alleged discrimination, harassment or misconduct. Supportive Measures are non-disciplinary, non-punitive individualized services offered as appropriate and reasonably available. They are offered, without fee or charge to the Parties, to restore or preserve access to GVSU's education program or activity, including measures designed to protect the safety of all Parties and/or GVSU's educational environment and/or to deter discrimination, harassment, and misconduct.

The OCRTIX promptly offers to make Supportive Measures available to the Parties upon receiving Notice. At the time that Supportive Measures are offered, if a Complaint has not been filed, GVSU will inform the Complainant, in writing, that they may file a Complaint with GVSU either at that time or in the future. The OCRTIX will work with a party to ensure that their wishes are considered with respect to any planned and implemented Supportive Measures.

GVSU will maintain the confidentiality of the Supportive Measures, provided that confidentiality does not impair GVSU's ability to provide those Supportive Measures or investigate and resolve the allegations. GVSU will act to ensure as minimal an academic or occupational impact on the Parties as possible and appropriate. GVSU will implement measures in a way that does not unreasonably burden any party.

These Supportive Measures may include, but are not limited to:

- Referral to counseling, medical, and/or other healthcare services
- Referral to the Employee Assistance Program
- Referral to community-based service providers
- Education to the institutional community or community subgroup(s)
- Altering campus housing assignment(s)
- Altering work arrangements for employees or student-employees
- Safety planning
- Implementing contact restrictions (no contact orders) between the parties
- Academic support, extensions of deadlines, or other course/program-related adjustments
- Assistance with obtaining a PPO or Cease and Desist through referral to GVPD.
- Class schedule modifications, withdrawals, or leaves of absence
- Any other actions deemed appropriate by the OCRTIX to address the objective harm

Violations of no contact orders or other restrictions may be referred to appropriate student or employee conduct processes for enforcement or added as Collateral Misconduct allegations to an ongoing Complaint under this Policy.

The Parties are provided with a timely opportunity to seek modification or reversal of GVSU's decision to provide, deny, modify, or terminate Supportive Measures applicable to them. A request to do so should be made in writing to the OCRTIX. An impartial employee, other than the employee who implemented the Supportive Measures, who has authority to modify or reverse the decision, will determine whether the decision is sufficiently inconsistent with the definition of Supportive Measures to warrant modification or reversal. GVSU will also provide the Parties with the opportunity to seek additional modification or termination of Supportive Measures applicable to them if circumstances materially change. GVSU typically renders decisions on Supportive Measures within seven (7) business days of receiving a request and provides a written determination to the impacted party(ies) and the OCRTIX.

16. Online Discrimination, Harassment or Misconduct

GVSU policies are written and interpreted broadly to include online manifestations of any of the behaviors prohibited by this Policy, when those behaviors occur in or have an effect on GVSU's education program and activities, or when they involve the use of GVSU networks, technology, or equipment.

Although GVSU may not control websites, social media, and other venues through which the alleged discriminatory or harassing communications are made, when such communications are reported to GVSU, it will seek to address and mitigate the effects. This effort may include use of the Resolution Process to address off-campus, online conduct that objectively interferes with a person's access to or participation in GVSU's education programs or activities.

17. Inclusion related to Gender Identity/Expression

GVSU strives to ensure that all individuals are safe, included, and respected in their education and employment environments, regardless of their actual or perceived Gender Identity or Expression, including intersex, nonbinary, transgender, agender, two-spirit, gender-expansive, and gender-diverse students and employees.

Discrimination, harassment or misconduct on the basis of Gender Identity or Expression is not tolerated by GVSU. If a member of the GVSU community believes they have been subjected to prohibited conduct under this Policy, they should follow the appropriate reporting process described herein. Intentional misgendering, deadnaming, or mispronouning may be considered a violation of this policy.

This Policy should be interpreted consistent with the goals of maximizing inclusion for all, including students and employees with varying gender identities, including:

- Maintaining the privacy of all individuals consistent with law;
- Ensuring all students have equal access to educational programming and activities consistent with the law;
- Facilitating participation in programs and activities by providing all students access to appropriate facilities, including restrooms and locker rooms. For a list of gender-inclusive restrooms and locker rooms on campus see our Facilities Services page;
- Ensuring all employees have equal access to employment opportunities and work, service, or health-related facilities;
- Providing professional development for employees and education for students on topics related to gender inclusion;
- Encouraging all students and employees to respect the pronoun usage and identities of all members of the GVSU community.

18. Prohibited Conduct-Discrimination or Harassment Offenses

Students and employees are entitled to an educational and employment environment that is free from discrimination and harassment.

The sections below describe the specific forms of legally prohibited discrimination and harassment on the basis of actual or perceived Protected Characteristics, that are also prohibited under GVSU Policy.

When speech or conduct is constitutionally protected, it will not be considered a violation of GVSU Policy, though Supportive Measures will be offered to those impacted.

All offense definitions below encompass actual and/or attempted offenses.

Any of the following offenses can be charged as or combined as pattern offenses, in which case the Notice of Investigation and Allegation (NOIA) will clearly indicate that both individual incidents and a pattern of conduct are being investigated. A pattern may exist and be charged when there is a potential substantial similarity to incidents where the proof of one could make it more likely that the other(s) occurred, and vice-versa. Patterns may exist based on target selection, similarity of offense, or other factors. Where a pattern is found, it can be the basis to enhance sanctions, accordingly.

Violation of any other GVSU policies may constitute discrimination or harassment when motivated by actual or perceived Protected Characteristic(s), and the result is a limitation or denial of employment or educational access, benefits, or opportunities.

A. Discrimination

Discrimination is different treatment with respect to a person's employment or participation in an education program or activity based, in whole or in part, upon the person's actual or perceived Protected Characteristic. Discrimination also includes a failure to provide reasonable accommodations as required by law or policy, such as for a person's disability, religion, or creed.

Discrimination can take two primary forms:

1. Disparate Treatment Discrimination:
Any intentional differential treatment of a person or persons that is based on a person's actual or perceived Protected Characteristic and that:

- excludes an individual from participation in;
- denies the individual benefits of; or
- otherwise adversely affects a term or condition of an individual's participation in a GVSU program or activity.

Differential treatment means others have received more favorable treatment and there is no legitimate nondiscriminatory reason for the more favorable treatment.

2. Disparate Impact Discrimination:
Disparate impact occurs when policies or practices that appear to be neutral unintentionally result in a disproportionate impact on a protected group or person that:

- excludes an individual from participation in;
- denies the individual benefits of; or
- otherwise adversely affects a term or condition of an individual's participation in a GVSU program or activity.

Disproportionate impact means others have not been impacted negatively and there is no legitimate nondiscriminatory reason for the more positive impact.

B. Discriminatory Harassment

Discriminatory Harassment includes all of the following:

- unwelcome conduct on the basis of actual or perceived Protected Characteristic(s), that
- based on the totality of the circumstances,
- is subjectively and objectively offensive, and
- is so severe or pervasive,
- that it objectively limits or denies a person's ability to participate in or benefit from GVSU's education programs or activities

C. Sex-based Harassment

Sex-based Harassment is a form of sex discrimination and means sexual harassment and other harassment on the basis of sex, *(2)* including sex stereotypes, sex characteristics, and Pregnancy or Related conditions.

1. Quid Pro Quo Harassment:

- an employee agent, or other person authorized by GVSU
- to provide an aid, benefit, or service under GVSU's education program or activity,
- explicitly or impliedly conditions the provision of such aid, benefit, or service,
- on a person's participation in unwelcome sexual conduct.

2. Hostile Environment Harassment:

- unwelcome sex-based conduct, that
- based on the totality of the circumstances,
- is objectively offensive, and
- is so severe and pervasive,
- that it effectively denies a person equal access to participate in or benefit from GVSU's education program or activity

3. Sexual Assault *(3)* The following definitions describe prohibited conduct that constitutes sexual assault

(a) Rape is defined as:

- Penetration, no matter how slight,
- of the vagina or anus of the Complainant,
- with any body part of the Respondent or by Respondent's use of an object, or
- oral penetration of the Complainant by a sex organ of Respondent, or by the Respondent's use of a sex-related object
- without the consent of the Complainant *(4)*.

(b) Fondling (Criminal Sexual Contact) is defined as:

- The intentional touching of the clothed or unclothed body parts of the Complainant by the Respondent,
- (or the forced touching of the clothed or unclothed body parts of the Respondent by the Complainant)
- for the purpose of sexual degradation, gratification, or sexual humiliation
- without the consent of the Complainant,
- including instances where the Complainant is incapable of giving consent because of their age or because of a temporary or permanent mental incapacity.

(c) Incest is defined as:

- Nonforcible sexual intercourse,
- between persons who are related to each other,
- within the degrees wherein marriage is prohibited by law.

(d) Statutory Rape is defined as:

- Nonforcible sexual intercourse,
- with a person who is under the statutory age of consent.

4. Dating Violence is defined as:

- violence,
- committed by a person,
- who is in or has been in a social relationship of a romantic or intimate nature with the Complainant.
  - The existence of such a relationship shall be determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. For the purposes of this definition—
    - Dating violence 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.

5. Domestic Violence(5) **is defined as:**

- Violence that constitutes a felony or misdemeanor crime committed by a current or former spouse of intimate partner of the victim under the family or domestic violence laws of Michigan, or,
- use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enable, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior,
- committed by a person who
  - is a current or former spouse or intimate partner of the Complainant, or person similarly situation to a spouse of the victim;
  - is cohabitating with, or has cohabitated with, the Complainant as a spouse or intimate partner
  - shares a child in common with the Complainant, or
  - commits acts against an adult or youth Complainant who is protected from that person's acts under the domestic or family violence laws of MI.

6. Stalking is defined as:

- engaging in a course of conduct,
- directed at the Complainant,
- that would cause a reasonable person
- to fear for the person's safety or the safety of others, or
- Suffer substantial emotional distress.

For the purpose of this definition-

- Course of conduct means two or more acts, including, but not limited to, acts in which the Respondent 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.
- Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant.
- Substantial emotional distress means significant mental suffering or anguish that may but does not necessarily require medical or other professional treatment or counseling.

GVSU reserves the right to address sex-based conduct and/or harassment that (1) does not rise to the level of creating a hostile environment, or (2) that is of a generic nature and not based on a Protected Characteristic. Addressing such conduct will not result in the imposition of discipline under this Policy, but may be referred to other appropriate student or employee conduct processes.

For assistance with Informal Resolution techniques under these circumstances, contact the Office of Civil Rights and Title IX.

Separate treatment on the basis of sex in the context of sex-separate living facilities and sex-separate athletic teams is not discrimination.

D. Gender-Identity or Sexual Orientation-based Harassment

Gender Identity-based Harassment and Sexual Orientation-based Harassment are forms of discrimination and include harassment on the basis of gender identity or sexual orientation *(6)*, including related stereotypes or characteristics.

1) Quid Pro Quo Harassment:

- an employee agent, or other person authorized by GVSU
- to provide an aid, benefit, or service under GVSU's education program or activity,
- explicitly or impliedly conditions the provision of such aid, benefit, or service,
- on a person's participation in unwelcome sexual conduct because of their actual or perceived gender identity or sexual orientation.

2) Hostile Environment Harassment:

- unwelcome gender identity or sexual orientation- based conduct, that
- based on the totality of the circumstances,
- is objectively offensive, and
- is so severe and pervasive,
- that it effectively denies a person equal access to participate in or benefit from GVSU's education program or activity

GVSU reserves the right to address offensive conduct and/or harassment on the basis of gender identity and sexual orientation that (1) does not rise to the level of creating a hostile environment, or (2) that is of a generic nature and not based on a Protected Characteristic. Addressing such conduct will not result in the imposition of discipline under this Policy, but may be referred to other appropriate student or employee conduct processes.

For assistance with Informal Resolution techniques under these circumstances, contact the OCRTIX.

19. Prohibited Misconduct- Sexual Exploitation

The following definition describes prohibited sexual misconduct that constitutes sexual exploitation:

A. Sexual exploitation is defined as:

- A person taking non-consensual or abusive sexual advantage of another, that does not constitute Sex-based Harassment as defined above,
- for their own benefit or for the benefit of anyone other than the person being exploited.

Examples of Sexual Exploitation include, but are not limited to:

1. Sexual voyeurism (such as observing or allowing others to observe a person undressing or using the bathroom or engaging in sexual acts, without the consent of the person being observed)
2. Invasion of sexual privacy (e.g., doxxing)
3. Knowingly making an unwelcome disclosure of (or threatening to disclose) a person's sexual orientation, gender identity, or gender expression
4. Taking pictures, video, or audio recording of another person in a sexual act, or in any other sexually related activity when there is a reasonable expectation of privacy during the activity, without the consent of all involved in the activity; or exceeding the boundaries of consent (such as allowing another person to hide in a closet and observe sexual activity, or disseminating sexual pictures without the photographed person's consent), including the making or posting of non-consensual pornography
5. Prostituting another person
6. Engaging in sexual activity with another person while knowingly infected with human immunodeficiency virus (HIV) or a sexually transmitted disease (STD) or infection (STI), without informing the other person of the virus, disease, or infection
7. Causing or attempting to cause the incapacitation of another person (through alcohol, drugs, or any other means) for the purpose of compromising that person's ability to give consent to sexual activity, or for the purpose of making that person vulnerable to non-consensual sexual activity
8. Misappropriation of another person's identity on apps, websites, or other venues designed for dating or sexual connections (e.g., spoofing)
9. Forcing a person to take an action against that person's will by threatening to show, post, or share information, video, audio, or an image that depicts the person's nudity or sexual activity
10. Knowingly soliciting a minor for sexual activity
11. Engaging in sex trafficking

12. Knowingly creating, possessing, or disseminating child sexual abuse images or recordings
13. Creating or disseminating synthetic media, including images, videos, or audio representations of individuals doing or saying sexually-related things that never happened, or placing identifiable real people in fictitious pornographic or nude situations without their consent (i.e., Deepfakes)

20. Prohibited Misconduct-Retaliation

The following definition describes prohibited conduct that constitutes retaliation:

A. Retaliation is defined as:

- Adverse action, including intimidation, threats, coercion or discrimination
- against any person,
- by GVSU, a student, employee, or a person authorized by GVSU to provide aid, benefit, or service under GVSU's education program or activity,
- for the purpose of interfering with any right or privilege secured by law or Policy, or
- because the person has engaged in protected activity, including reporting information, making a Complaint, testifying, assisting, or participating or refusing to participate in any manner in an investigation or Resolution Process under the GVSU Policy Prohibiting Discrimination, Harassment And Misconduct Procedures, including an Informal Resolution process, or in any other appropriate steps taken by GVSU to promptly and effectively end any discrimination or harassment in its education program or activity, prevent its recurrence, and remedy its effects.

The exercise of rights protected under the First Amendment does not constitute retaliation *(7)*.

It is also not retaliation for GVSU to pursue Policy violations against those who make materially false statements in bad faith in the course of a resolution under the GVSU Policy Prohibiting Discrimination, Harassment and Misconduct. However, the determination of responsibility, by itself, is not sufficient to conclude that any party has made a materially false statement in bad faith..

Peer to Peer Retaliation is also prohibited.

21. Other Prohibited Misconduct

The following definitions describe other conduct prohibited under this Policy, if such conduct is on the basis of Protected Characteristics and does not otherwise meet a definition of prohibited misconduct under the Policy:

A. Bullying is defined as:

- repeated and/or severe aggressive behavior,
- that is objectively likely to intimidate or intentionally hurt, control, or physically or mentally diminish the Complainant, that is not speech or conduct that is otherwise protected by the First Amendment.

B. Endangerment is defined as:

- threatening or causing physical harm,
- extreme verbal, emotional, or psychological abuse, or
- other conduct which threatens or endangers the health or safety of any person or damages their property

C. Hazing is defined as:

- any intentional, knowing, or reckless act
- committed by a person (whether individually or in concert with other persons)
- against another person or persons
- regardless of the willingness of such other person or persons to participate, that-

(I) is committed in the course of an initiation into, an affiliation with, or the maintenance of membership in, a student organization; and

(II) causes or creates a risk, above the reasonable risk encountered in the course of participation in the University's programs or activities (such as the physical preparation necessary for participation in an athletic team), of physical or psychological injury including but not limited to those behaviors identified in relevant laws or campus policies.

For the purposes of this definition:

- It is not necessary that a person's initiation or continued membership be contingent upon participation in the activity, or that the activity was sanctioned or approved by the student group or student organization, for an allegation of hazing to be upheld.
- It shall not constitute an excuse or defense to a hazing allegation that the participants took part voluntarily, gave consent to the conduct, voluntarily assumed the risks or hardship of the activity, or that no injury was suffered or sustained.
- The actions of alumni, active, new, and/or prospective members of a student group or student organization may be considered hazing.
- Hazing is not confined to the student group or student organization with which the person subjected to the hazing is associated.

22. Unauthorized Disclosure: *(8)*

Distributing or otherwise publicizing materials created or produced during an investigation or Resolution Process is prohibited except as required by law or as expressly permitted by GVSU.

Publicly disclosing institutional work product (produced, compiled, or written by GVSU for purposes of its investigation and resolution of a Complaint) that contains personally identifiable information without authorization or consent is also prohibited.

Parties and Advisors are prohibited from disclosing information obtained by GVSU through the Resolution Process, to the extent that information is the work product of GVSU or contains personally identifiable information, without authorization.

Violation of this Policy provision may be subject to significant sanctions

23. Failure to Comply or Process Interference

Intentional failure to comply with the following OCRTIX actions is a violation of this Policy:

- reasonable directives of OCRTIX in the performance of their official duties, including with the terms of a no contact order;
- emergency removal or interim suspension terms;
- sanctions;
- terms of an Informal Resolution Agreement;
- mandated reporting duties as defined in this Policy

Intentional interference with the Resolution Process is a violation of this Policy. Such interference can include but is not limited to:

- Destruction of or concealing of evidence;
- Actual or attempted solicitation of knowingly false testimony or providing false testimony or evidence;
- Intimidating or bribing a witness or party

24. Consent, Force, and Incapacitation

As used in this Policy, the following definitions and understandings of Consent, Force and Incapacitation apply:

1. **Consent** is defined as *(9)*:

- knowing, and
- voluntary, and
- clear permission
- expressed by word or action
- prior to engaging in and during sexual activity.

Consent is active, not passive. Silence, or lack of resistance, in and of itself, cannot be interpreted as consent. Consent can be given by words or actions, as long as those words or actions create mutually understandable clear permission regarding willingness to engage in sexual activity.

Consent to any one form of sexual activity cannot automatically imply consent to any other forms of sexual activity. Consent may be withdrawn at any time as long as the withdrawal is reasonably and clearly communicated by word or action. If consent is withdrawn, that sexual activity should stop.

Previous relationships or prior consent cannot imply consent to future sexual acts. Consent cannot be given by an individual who one knows to be – or based on the circumstances should reasonably have known to be – incapacitated.

Individuals may experience the same interaction in different ways. Therefore, it is the responsibility of each party to determine that the other has consented before engaging in the activity.

An individual cannot consent who has been coerced, including being compelled by force, threat of force, or deception; who is unaware that the act is being committed; or who is coerced by a Supervisory or disciplinary authority.

Consent may not be given by a person who has not reached the legal age of consent under applicable law. Being impaired by alcohol or drugs will never function as a defense for any behavior that violates this Policy.

Proof of consent or non-consent is not a burden placed on either party involved in a Complaint. Instead, the burden remains on GVSU to determine whether its Policy has been violated. The existence of consent is based on the totality of the circumstances evaluated from the perspective of a reasonable person in the same or similar circumstances, including the context in which the alleged misconduct occurred and any similar and previous patterns that may be evidenced.

Going beyond the boundaries of consent is prohibited misconduct. Thus, unless a sexual partner has consented to slapping, hitting, hair pulling, strangulation, or other physical roughness during otherwise consensual sex, those acts may constitute dating violence or sexual assault *(10)*

2. Force is defined as:

- the use of physical violence, and/or
- physical imposition
- to gain sexual access.

Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced. Force is conduct that, if sufficiently severe, can negate consent.

Force also includes threats, intimidation (implied threats), and coercion that is intended to overcome resistance or produce consent (e.g., "Have sex with me or I'll hit you," which elicits the response, "Okay, don't hit me. I'll do what you want.").

Coercion is unreasonable pressure for sexual activity. Coercive conduct, if sufficiently severe, can render a person's consent ineffective, because it is not voluntary. When someone makes clear that they do not want to engage in sexual activity, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive. Coercion is evaluated based on the frequency, intensity, isolation, and duration of the pressure involved.

3. Incapacitation is defined as:

- a state where a person is incapable of giving consent.

An incapacitated person cannot make rational, reasonable decisions because they lack the capacity to give knowing/informed consent (e.g., to understand the "who, what, when, where, why, and how" of their sexual interaction).

A person cannot consent if they are unable to understand what is happening or are disoriented, helpless, asleep, or unconscious for any reason, including because of alcohol or other drug consumption.

This Policy also covers a person whose incapacity results from a temporary or permanent physical or mental health condition, involuntary physical restraint, and/or the consumption of incapacitating substances.

Incapacitation is determined through consideration of all relevant indicators of a person's state and is not synonymous with intoxication, impairment, blackout, and/or being drunk.

If the Respondent neither knew nor should have known the Complainant to be physically or mentally incapacitated, the Respondent is not in violation of this Policy. "Should have known" is an objective, reasonable person standard that assumes that a reasonable person is both sober and exercising sound judgment.

25. Standard of Proof

GVSU uses the preponderance of the evidence standard of proof when determining whether a Policy violation occurred. This means that GVSU will decide whether it is more likely than not, based upon the available information at the time of the decision, that the Respondent is in violation of the Policy as alleged. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on GVSU and not on the parties. However, GVSU cannot obtain protected health information without a signed release from the treated individual for use of the health information in the grievance process.

Absent the necessary proof, a Respondent is not considered in violation of the Policy and is presumed not to have violated the policy unless and until such proofs are made.

26. False Allegations and Evidence

Deliberately false and/or malicious accusations under this Policy are a serious offense and will be subject to appropriate disciplinary action. This does not include allegations that are made in good faith but are ultimately shown to be erroneous or do not result in a determination of a Policy violation.

Additionally, witnesses and Parties who knowingly provide false evidence, tamper with or destroy evidence, or deliberately mislead an official conducting an investigation or resolution process including with the use of evidence fabricated with artificial intelligence, can be subject to discipline under appropriate GVSU policies.

27. Consensual Relationship Policy

GVSU recognizes there are inherent risks in any romantic or sexual relationships between persons in unequal positions, such as faculty member-student, Resident Assistant-supervisory student, or supervisor-employee. Any persons engaging in such relationships are subject to GVSU's Consensual Relationship Policy, SLT 9.2

This Policy (Policy Prohibiting Discrimination, Harassment and Misconduct) will also apply to allegations of prohibited conduct under this Policy within such consensual relationships. Where the alleged prohibited conduct is on the basis of sex and by an Employee against a student, Informal Resolution will not be permitted.

28. Resolution Process Confidentiality & Privacy

GVSU makes every effort to preserve the privacy of those involved in a process under this Policy.

Except as permitted or required by law, and applicable regulations, or to fulfill the purposes of this Policy, GVSU will not share the identity of:

1. any individual who has made a Complaint under this Policy;
2. any Complainant;
3. any individual who has been reported to be the perpetrator of discrimination, harassment or misconduct;
4. any Respondent; or
5. any witness

Additional information regarding confidentiality and privacy can be found in GVSU's Confidentiality, Data & Security Policy and in the Confidential Reporting Options provision of this policy.

For additional information regarding unauthorized disclosure, please refer to the Unauthorized Disclosure provision of this policy.

29. Interventions to Address Allegations of Discrimination, Harassment or Misconduct.

GVSU uses a number of interventions to address allegations of discrimination, harassment or misconduct, including offering Supportive Measures, initiating a Formal Resolution Process (Grievance Procedures), or engaging in an Informal Resolution Process. These efforts may include, but are not limited to, problem-solving, assistance, intervention, confrontation, investigation, and/or Policy enforcement.

When conflicts arise between the right of members of the community to be free from discrimination, harassment or misconduct, and those exercising their right to religious freedom or freedom of expression, GVSU will seek to balance rights and interests to find mutually agreeable outcomes or compromises. When that is not possible, GVSU will offer remedial solutions and/or enforce its Policies while also respecting the rights of all members of its community.

For questions regarding Expressive Activity on GVSU owned and controlled property, please refer to the relevant provisions of GVSU's Grounds and Facility Use Policy.

30. Emergency Removal, Interim Actions, and Leaves of Absence

GVSU can act to remove a student Respondent accused of Discrimination, Harassment or Misconduct from its education program or activities, partially or entirely, on an emergency basis if an individualized safety and risk analysis has determined that an imminent and serious threat to the health or safety of any student or other individual justifies removal. This risk analysis is performed by GVSU using its standard risk assessment procedures. For additional information on emergency removal, interim actions and leave of absences, see the relevant Policy procedures.

Employees are subject to existing procedures for interim actions and leaves.

31. Federal Timely Warning Obligations

GVSU must issue timely warnings for reported incidents that pose a serious or continuing threat of bodily harm or danger to members of GVSU community pursuant to the Clery Act.

GVSU will ensure that a Complainant's name and other personal identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the potential danger.

32. Amnesty

In the interest of safety and compliance with all relevant laws and regulations, GVSU encourages the reporting of misconduct and crimes by Complainants, Respondents and witnesses. Sometimes, individuals are hesitant to give Notice to GVSU officials or participate in resolution processes because they fear that they themselves may be in violation of certain policies, such as underage drinking or use of illicit drugs at the time of the incident.

It is in the best interests of the GVSU community that Complainants choose to give notice of misconduct to GVSU officials, that witnesses come forward to share what they know, and that all Parties be forthcoming during the process.

To encourage reporting and participation in the process, GVSU offers students amnesty from such policy violations as underage alcohol consumption or the use of illicit drugs, when related to the alleged incident of prohibited conduct.

Student Amnesty

GVSU maintains an amnesty policy for students. For criteria regarding granting amnesty, please see GVSU policy STU 10.0.

33. Preservation of Evidence

The preservation of evidence is critical to any potential criminal prosecution and to obtaining restraining (protective) orders, and it is particularly time sensitive. Therefore, OCRTIX will inform the Complainant of the importance of preserving evidence at the time of initial receipt of a Complaint.

34. Independence and Conflicts of Interest

The Coordinator manages the OCRTIX and acts with independence and authority, free from bias and conflicts of interest. The Coordinator oversees all resolutions under this Policy and these procedures. The members of the Resolution Pool are vetted and trained to ensure they are not biased for or against any party in a specific Complaint, or for or against Complainants and/or Respondents, generally.

To raise any concern involving bias, conflict of interest, misconduct, discrimination or harassment by the Coordinator, contact the Vice President for People, Culture, and Equity.

Concerns of bias, misconduct, discrimination, harassment or a potential conflict of interest by any other OCRTIX employee or Resolution Pool member should be raised with the Coordinator.

35. Revision of Policy

The Coordinator reviews and updates these policies and procedures regularly. GVSU reserves the right to make changes to this document as necessary, and once those changes are posted online, they are in effect, unless otherwise required by law.

If government laws or regulations change or court decisions alter the requirements in a way that impacts this document, this document will be construed to comply with the most recent government laws, regulations, or court holdings.

This document does not create legally enforceable protections beyond the protections of the laws of the State of Michigan and federal laws that frame the provisions, generally.

This Policy is retroactively effective 08-14-2020, pursuant to guidance from the Department of Education dated February 04, 2025.

FOOTNOTES

[1] The following are rights that are also applicable to employees of GVSU with Pregnancy or Related Conditions.

[2] Throughout this Policy, “on the basis of sex” or “sex-based conduct” means conduct that is sexual in nature, or that is directed to the Complainant because of his/her/their actual or perceived sex.

[3] This would include having another person touch you sexually, forcibly, and/or without your consent.

[4] This includes Sodomy and/or sexual assault with an object

[5] To categorize an incident as Domestic Violence under this Policy, the relationship between the Respondent and the Complainant must be more than just two people living together as roommates. The people cohabitating must be current or former spouses or have an intimate relationship.

[6] Throughout this Policy, “on the basis of gender identity or sexual orientation” means conduct that is directed to the Complainant because of his/her/their actual or perceived gender identity or expression, including intersex, nonbinary, transgender, agender, two-spirit, gender-expansive, and gender-diverse students and employees and/or because of his/her/their actual or perceived sexual orientation, including members of the LGBTQ+ community.

[7] For additional information regarding Expressive Activity refer to GVSU’s Grounds and Facility Use Policy.

[8] Nothing in this section restricts the ability of the Parties to obtain and present evidence, including by speaking to witnesses (as long as it does not constitute intimidation or retaliation under this Policy), consult with the Parties’ own family members, confidential resources, or Advisors; or otherwise prepare for or participate in the Resolution Process.

[9] The definition of consent under Michigan law is applicable to criminal prosecutions for sex offenses. Such definition may differ from the definition used by GVSU to address Policy violations.

[10] Consent in relationships must also be considered in context. When Parties consent to BDSM (bondage, discipline, sadism, masochism) or other forms of kink, non-consent may be shown by the use of a safe word. Resistance, force, violence, or even saying “no” if part of the kink would be consensual.

CONSENSUAL RELATIONSHIP POLICY

SLT 9.2

Date of Last Update:
November 19, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
Inclusion and Equity/Antidiscrimination/EEO Office

POLICY STATEMENT

Possessing and mastering a range of thoughtful perspectives is necessary for open inquiry, a liberal education, and a healthy community. Recognizing this, the University seeks to include, engage, and support a diverse group of students, faculty, and staff. The institution values a multiplicity of opinions and backgrounds, and is dedicated to incorporating multiple voices and experiences into every aspect of its operations. We are committed to building institutional capacity and strengthening our liberal education through providing an inclusive environment for all of our University constituents.

Article I. Purpose

The University’s goals are to maintain a positive work environment and a climate conducive to learning for students. The unequal institutional power inherent in academic and work relationships may heighten the vulnerability of those in subordinate positions. Accordingly, individuals holding positions of authority at the University must be aware of and sensitive to the potential conflict of interest, ethical concerns, and issues of sexual harassment that may occur in consensual relationships. Specifically, the parties to a consensual relationship must be aware that such relationships can create in co-workers and students perceived and real conflicts of interest. These relationships also create an environment of fear of unfair treatment in terms of promotions, grades, professional and/or educational opportunities, etc. This Policy outlines expectations for institutional and individual conduct that apply to all University faculty and staff members and students.

Article II. Consensual Relationships

Consensual romantic and sexual relationships between faculty and their students or between supervisors and their subordinates are inappropriate. Individuals should be aware that these relationships may create a perception of favoritism while the relationships continue. These relationships may be less consensual than perceived by the individual whose position confers power. The relationship also may be viewed in different ways by each of the parties, particularly in retrospect. Furthermore, circumstances may change and the conduct that was previously welcome may become unwelcome. If a sexual harassment complaint is subsequently filed, the argument that the relationship was consensual will be evaluated in light of the power differential in determining whether the University’s Anti-Harassment Policy has been violated. Under these circumstances, it will be extremely difficult to use mutual consent as a defense.

Consensual Romantic or Sexual Relationships between Faculty/Staff and Students. A faculty or staff member who has educational, supervisory, evaluation, advising, coaching, or counseling responsibilities for students shall not assume or maintain those responsibilities for a student with whom the faculty or staff member has engaged in romantic or sexual relations, even if such relations were consensual. Whether such romantic or sexual relationships predate the assumption of educational, supervisory, evaluation, advising, coaching, or counseling responsibility for the student, or arise out of the educational relationship, the faculty or staff member shall immediately disclose the romantic or sexual relationship to their Unit Head or supervisor, who shall promptly arrange alternate oversight of the student.

Consensual Romantic or Sexual Relationships between Supervisors and Subordinates. If a romantic or sexual relationship exists or develops between a supervisor, manager, or administrator and an employee for whom they have professional responsibility, the individuals involved in the relationship must promptly consult the next highest level of supervision (e.g., a supervisor, department head, Vice President, Dean) to determine whether arrangements can be made to eliminate all conflicts of interest. If such arrangements can be made that do not disadvantage the subordinate and are acceptable to the

supervisor, manager, or administrator, they must be documented, and ensure that the supervisor does not hire, supervise, advise, evaluate, or otherwise directly influence the subordinate's employment. Relationships between supervisors, managers, or administrators and their subordinates are prohibited when the working relationship is such that it is not possible to eliminate the conflicts of interest. Students employed by the University who supervise other student employees are covered by this section.

Consensual romantic or sexual relationships between students. Complaints concerning relationships between students are governed by the GVSU Student Code.

Article III. Disciplinary Actions

Disciplinary action will be taken against faculty or staff members who violate this Policy, either by entering into or engaging in a sexual relationship with a student or subordinate for whom they have educational, supervisory, evaluation, advisory, coaching, or counseling responsibilities or by failing to report such relationship or failing to cooperate in making alternative arrangements.

Article IV. Confidentiality

Confidentiality of the disclosure of consensual romantic or sexual relationships will be observed to the extent permitted by law and that is consistent with protecting the welfare of faculty, staff, and students and the interests of the University.

ADA ACCOMMODATION POLICY FOR FACULTY, STAFF, AND STUDENTS WITH DISABILITIES

SLT 9.5

Date of Last Update:
September 13, 2024

Approved By:

- Senior Leadership Team

Responsible Office:
Inclusion and Equity

POLICY STATEMENT

Grand Valley State University is committed to the fundamental academic principles of equity and accessibility by providing all faculty, staff, and students with access to the University's programs, services, events, and activities. The aim of this policy is to support an inclusive academic environment by incorporating design concepts that reduce or remove barriers.

University faculty, staff, and students who are persons with a disability are not required to disclose a disability or to request an accommodation. However, the University cannot accommodate an individual who does not inform the University about their disability and their need for an accommodation. A faculty, staff, or student seeking an accommodation must submit a request to the appropriate Accessibility Resources office (student vs. employee) and follow its procedures.

Note that the University conducts a survey of faculty and staff for statistical purposes, and this does not constitute a method of disclosure or self-identification consistent with this policy.

If a faculty or staff member requests an accommodation during conversation with a supervisor/unit administrator, the supervisor/unit administrator will refer the faculty or staff member to the Employee Accessibility Resources or its web site at this link. Disclosing a disability to a supervisor does not itself compel an obligation to accommodate.

Reasonable accommodations vary depending on the circumstances of each case. In evaluating alternatives for accommodation, the preferences of the individual are considered, but the ultimate decision regarding what type of accommodation, if any, will be provided is made by the University. Nothing in this document shall be construed to waive the University's right to contest whether a faculty, staff, or student is disabled or is entitled to an accommodation.

Medical documentation, as well as other related materials, will be maintained by the appropriate Accessibility Resources office. Such documentation is kept confidential, except as necessary to administer the accommodation process or otherwise permitted by law. Such documentation may be shared only with those individuals involved in the accommodation process on an as needed basis.

Documentation guidelines and verification forms are available if you need assistance obtaining sufficient documentation www.gvsu.edu/accessibility.

PROCEDURES

Steps for Students Requesting Accommodation(s):

1. Disclose as a person with a disability by application to Student Accessibility Resources (SAR). Indicate the need for accommodation(s) in the application. SAR will contact the applicant to schedule their first appointment
2. Provide documentation of the disability from an appropriate professional. The medical professional must have first-hand knowledge of the condition and a familiarity with the physical, emotional, and cognitive demands of the disability.
3. Attend a first meeting with an SAR advisor to discuss appropriate accommodations. Afterward, the applicant will be provided with an accommodation memo from their SAR advisor that may take 5 to 7 days to complete.
4. Share the appropriate accommodation memorandum "memo" with other university personnel as appropriate. Accommodations are not retroactive; therefore, it is imperative to deliver new or updated memos in a timely manner.

Steps Faculty and Staff to Request Accommodation(s):

1. Disclose as a person with a disability by application to Employee Accessibility Resources (EAR). Indicate the need for accommodation(s) in the application. EAR will contact the applicant to schedule their first appointment.
2. Provide documentation of the disability from an appropriate professional. The medical professional must have first-hand knowledge of the condition and a familiarity with the physical, emotional, and cognitive demands of the disability.
3. Attend a meeting with an EAR advisor. If work accommodations are needed, the advisor will contact the supervisor/unit administrator and discuss whether an accommodation is warranted, explore possible accommodations, and assess the effectiveness each accommodation would have in enabling the faculty or staff member to perform their job considering the following:
    a. The essential job functions of the position. The essential functions are the fundamental job duties of the employment position at issue.
    b. The faculty or staff member's qualification for the position, defined as ability to perform the essential functions of the job with or without reasonable accommodations; and,
    c. Types of reasonable accommodations, if any, are needed.

During the accommodation request process, Accessibility Resources may:

1. Request additional documentation;
2. Consult with Human Resource office (for employees);
3. Evaluate whether the accommodation is needed, if needed, whether the accommodation would be effective, and if effective, whether providing the reasonable accommodation would impose an undue hardship.
4. Assess various accommodations;
5. Identify alternative accommodations or solutions;
6. Provide information from resources about the capabilities of persons with similar disabilities and the tools/techniques they use;
7. Determine a reasonable accommodation, if appropriate;
8. Provide a written determination to the department/unit and faculty or staff member;
9. Explain the department/unit's responsibility to fund an accepted accommodation or seek alternative funding, if needed.

Appeals

Appeal of the Determination

The Division of Inclusion and Equity will designate a trained University staff member to review the appeal. This staff member will be someone who was not involved at any point earlier in the interactive process.

Appeals are limited to the following grounds:

1. A procedural irregularity that would change the determination.
2. New information that would change the determination and that was not reasonably available at the time the determination was made.
3. The ADA advisor had a conflict of interest against the person requesting the accommodation that would change the determination.

Request for an Appeal

Submit a written request for appeal to the Division of Inclusion & Equity within three (3) business days of delivery of the determination by sending an email to fsaccessibility@gvsu.edu.

A trained staff member will meet with the person requesting the accommodation within ten (10) business days of delivery of the request for appeal to discuss the request.

Appeal Decision-making Process

Appeal decisions are to be deferential to the original determination, making changes only when there is a compelling justification to do so. The trained staff member responsible for the appeal decision may contact the faculty or staff member's supervisor/unit administrator, other uninvolved Accessibility Resources staff members, and/or legal counsel in preparation for the appeal decision, if needed and within the bounds of this policy.

Appeal Outcome

An appeal may be granted or denied. Appeals that are granted will result in a new accommodation determination that supplants the original determination. Appeals that are denied will result in the application of the original determination. Once an appeal is decided, the outcome is final.

Retaliation

Retaliation against a faculty or staff member who requests an accommodation is prohibited. Individuals who feel that they have experienced retaliation may The University's Non-Retaliation Policy for Faculty and Staff (SLT 3.3.1) is available online.

Refer Questions to:

Student Accessibility Resources

215 The Blue Connection

Allendale, MI 49401

(616) 331-2490

(616) 331-3270 (TDD)

(616) 331-3880 (FAX)

Website: gvsu.edu/accessibility

Employee Accessibility Resources, Office of Civil Rights and Title IX

4015 James H. Zumberge Hall Allendale, MI 49401

616/331-3296

616/355-3270 (TDD)

Website: https://www.gvsu.edu/titleix/employee-accessibility-resources-95.htm

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RELIGIOUS INCLUSION POLICY

SLT 9.6

Date of Last Update:
November 19, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
Inclusion and Equity/Antidiscrimination/EEO Office

POLICY STATEMENT

Possessing and mastering a range of thoughtful perspectives is necessary for open inquiry, a liberal education, and a healthy community. Recognizing this, the University seeks to include, engage, and support a diverse group of students, faculty, and staff. The institution values a multiplicity of opinions and backgrounds, and is dedicated to incorporating multiple voices and experiences into every aspect of its operations. We are committed to building institutional capacity and strengthening our liberal education through providing an inclusive environment for all of our University constituents.

Purpose
Many University students, staff, and faculty observe religious traditions from a variety of religions. This Religious Inclusion Policy ("Policy") acknowledges the right of students, staff, and faculty to engage in religious observances. The University is committed to accommodate the exercise of that right.

The University acknowledges that conflicts in scheduling mandatory academic requirements and employment obligations with religious observances are inevitable. Although the University does not observe religious holidays, it recognizes that there are a number of religious holidays that affect significant numbers of our students, staff, and faculty. This Policy is intended to provide clarity to students, staff, and faculty who seek accommodation to practice their faith.

PROCEDURES

Accommodations
Grand Valley State University will make a reasonable effort to allow its students, staff, or faculty to be away from work or a class to observe their religious beliefs, except where accommodating the request would result in undue hardship on the University in its mission, operation or in meeting its academic standards. The University provides quiet areas for student, staff, and faculty reflection, meditation, and prayer. A list of these quiet areas may be found on the Inclusion and Equity webpage.

Faculty should be sensitive to the observance of religious holidays so that students who miss classes to practice their faith are not disadvantaged. A list of religious holidays is found on the Inclusion and Equity website. Please note that this list is meant to be inclusive of most major religious traditions (although certainly not comprehensive), and that religious holidays have no official status at the University.

Faculty should make every effort to avoid scheduling examinations or assigning work that is due on religious holidays. Some religious holidays begin at sundown on the evening before the published date of the holiday. Consequently, faculty should avoid scheduling late afternoon exams on these days.

Faculty shall not penalize any student who has properly notified the faculty member by complying with the Request Accommodation Procedure for his/her absence in classes, examination, or assignments. Faculty should accept a student's claim of a scheduling conflict on religious grounds at face value. If class attendance is required by the faculty member, classes missed to observe a religious holiday may not be counted as an absence.

Faculty must provide a reasonable opportunity for such a student to make up missed assignments and examinations within a reasonable time period before or after the student's absence, provided the student has properly notified the faculty member by submitting a Request Accommodation Form. Faculty must give the student the opportunity to do appropriate make-up work that is no more difficult or time-consuming than the original exam or assignment.

Nothing in this Policy, however, exempts a student from meeting course requirements or completing assignments. The faculty member may respond appropriately if the student fails to satisfactorily complete the make-up assignment or examination.

Further, when scheduling university events and activities, such as Family Weekend, Commencement, Convocation, and University sponsored conferences, planners should consult the list of religious holidays on the Inclusion and Equity website before selecting the date and time to ensure inclusiveness.

Religious Accommodation Procedure

All requests for accommodation for religious observance should be made in the following manner:

Students: Faculty should inform students of all examination dates and assignment deadlines at the start of each semester in the class syllabus. If a conflict with a religious observance exists, students must request a religious accommodation from their faculty within the first two weeks of each semester or as soon as reasonably possible after the instructor announces a particular mandatory class, examination, or assignment so that alternative arrangements can be made for any class, examinations, or assignments missed. If an accommodation is needed within the first two weeks of the semester, the student must

provide the faculty member with reasonable advance notice of the need for accommodation. Requests for accommodation must be made through a Religious Accommodation Form, which may be found at the Dean of Students Office, the Office of Affirmative Action or under "Forms" at www.gvsu.edu/inclusion. It is the student's responsibility to provide faculty with reasonable notice of the need for accommodation and the timing of the notice may be taken into account in determining whether granting the request would create an undue hardship.

The faculty member and the student should discuss and agree upon what would constitute a reasonable accommodation in each given case. If the student and faculty member agree upon an accommodation, the accommodation must be carried out and disclosed on the Religious Accommodation Form. The completed Religious Accommodation Form shall be filed by the faculty member in the Dean of Students Office.

If the student and faculty member cannot agree on an accommodation, either party may bring the matter to the Unit Head to determine the accommodation. Either party may appeal the Unit Head's decision to the Dean, who will make a final binding decision.

Where a student has obligations to a placement site (e.g. internships), that student must also work out arrangements with the placement site to make up for missed responsibilities or duties.

Staff: The use of vacation and personal leave is governed by the staff member's respective Board of Trustees' Policies, Staff Handbook, or Collective Bargaining Agreement. Vacation days requested for the express purpose of religious observance will not be unreasonably denied by the staff member's supervisor if the staff member has accrued vacation leave or is eligible for personal leave and the granting of leave or vacation time will not result in undue hardship for GVSU.

Faculty: The use of vacation and personal leave is governed by the Faculty Handbook. Requests by a faculty member for leave for religious accommodation, however, shall be considered under this Policy if the faculty member has made arrangements for any missed classes and the granting of the leave will not result in undue hardship for GVSU. Faculty that miss class time due to a religious observance must make alternate arrangements for that time with his or her Unit Head. If the Unit Head denies the request, the faculty member may appeal to the Dean, who will have final decision authority over the request.

Nothing in this Policy exempts a GVSU faculty or staff member from fulfilling their job responsibilities.

Confidentiality

Although discretion will be exercised, a guarantee of confidentiality or anonymity cannot be made because the determination of a reasonable religious accommodation will involve discussions with other parties. Information about the request for religious accommodation will be revealed only as the deliberation process requires. Discretion will be observed to the extent permitted by law and that is consistent with protecting the welfare of the students, staff, and faculty and the interests of the University.

Retaliation

Any attempt to retaliate against an individual who files a religious accommodation request or otherwise utilizes this Policy is prohibited.

DIGITAL ACCESSIBILITY POLICY

SLT 9.7

Date of Last Update:
March 06, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Equity, Planning, and Compliance Unit

POLICY STATEMENT

Grand Valley State University is committed to providing accessible digital experiences for all users, including individuals with disabilities. We strive to ensure that all individuals can access and interact with our digital platforms effectively. This policy establishes minimum standards for the accessibility of digital content necessary to meet the University's goals and ensure compliance with applicable law. All digital content developed, procured, or used will be perceivable, operable, understandable, and robust. Digital content will conform to WCAG 2.1 Level AA Technologies Accessibility Standards and this policy.

This policy applies to all official digital content developed by or for a college, school, department, program, or unit of the University.

Each website will contain a link to report accessibility issues.

Training

Accessibility training will be provided and required of all faculty, staff and other authorized representatives prior to being given access to manage any online content through the Content Management System (CMS) or through remote access to a web server (FTP, SFTP, SSH, etc.). This training will help content administrators produce accessible content and assess and correct content that may be inaccessible. All content administrators will be required to complete Accessibility Training on an annual basis as long as they manage online content.

Enforcement

Digital content found to be in violation of this Policy will be referred to the Web Accessibility Coordinators or their designees, who will contact the responsible unit to begin remediation procedures. If necessary, some or all non-compliant portions of the digital content may be taken offline or brought into compliance by designated staff or contractors.

Purchasing of Outside Content

All web-based content and systems, whether developed internally or obtained from third parties that the University chooses to make available, are expected to conform to accessibility standards set forth in this policy. Accessibility of these technologies should be verified by University staff with demonstrated ability in accessibility evaluation. This verification process should be accomplished through hands-on evaluation of the product, prior to purchase.

When evaluating third-party products, University representatives making procurement decisions should consider a product's accessibility as part of its evaluation. However, there will not always be accessible choices, or the most accessible choice may not align with other dominant selection criteria. In cases where a product with limited accessibility has been purchased, interim, equivalent accommodations documented in an approved ADA exception should be in place until the service can be made accessible.

Contact Information

Any concerns with the accessibility of digital content should be directed to accessibility@gvsu.edu or reported via the link on the applicable website.

Related Links and Resources

- Digital Accessibility Help Desk
- Accessibility Training Portal
- Accessibility Training for Blackboard Ultra
- Title IX Online Reporting form
- WCAG 2.1 Guidelines

MINORS ON CAMPUS POLICY

SLT 9.8

Date of Last Update:
August 20, 2018

Approved By:

- Senior Leadership Team

Responsible Office:
Human Resources

POLICY

"Grand Valley is committed to strengthening our living, learning, and working environment by recognizing and removing the barriers to full participation and providing a safe, inclusive, vibrant community for all." -- *Inclusiveness* core value section of the University's Strategic Plan.

Grand Valley State University is committed to being a safe and healthy environment for all. This includes students, faculty, staff, and campus visitors, especially those who are minors. As a public university

open to everyone, the University welcomes children and teenagers on our campuses for a variety of programs and activities planned by the University or by outside organizations. In all situations, adults are expected to be positive role models for minors, acting in a respectful and responsible manner consistent with the mission and values of the University. To promote this vision, the University publishes and enforces policies, procedures, and guidelines that have the goal of promoting health, safety, and security for minors on our campuses.

"Minors" are persons under the age of eighteen (18), and the term "Minor," "Minors," "Child," and "Children" are used interchangeably in this policy. Further definitions may be found below. This policy addresses the following situations:

- A Minor will be physically present and participating in a University-sponsored program or activity, either taking place on University property or under the authority and/or direction of the University at other locations (this includes academic and sports camps);
- A Minor child will be physically present and participating in a program or activity at the University that is sponsored by a third party (this includes programs for K-12 students sponsored by a school system);
- A Minor is enrolled in one or more courses on campus, either as a matriculated student, a guest student from another institution of higher education, or a dual-enrolled student; or,
- Other events where Minors are physically present at the University, such as situations when parents/legal guardians are expected to accompany and provide supervision to Minors in their care (this includes Admissions activities and events and performances open to the public).

POLICY STATEMENT

I. Requirements of Programs that Involve Minors

Programs are typically workshops, sports camps, academic camps, conferences, and similar activities. Some activities that are exempt from Section I can be found in Sections III-V.

A Sponsoring Unit offering or approving a Program that involves Minors or provides University housing for Minors participating in a Program, whether utilizing University housing or not, shall abide by the following:

1. Waiver or release forms: participation, medical treatment, use of photographs and other media: All Minors participating in a University Program must provide a waiver or release form for participation in the program, medical treatment authorization, and use of photographs and other media by the University. This can be one form or several, and all forms must be signed by a Parent, Legal Guardian, or Foster Parent prior to their participation in a Program.
2. Behavior of Minors on Campus. Minors are to be held to the same standards of behavior expected of enrolled students, as described in University policies.
3. Information maintained by Programs. All Programs shall maintain an up-to-date list of all Program times and dates, locations, attendance information (names, ages and emergency contacts for Program Participants); list of all Authorized Adults, documentation of their training (item #5 below) and background check (item #6 below) for the Program; and a Program contact, so that in the event of an emergency, appropriate measures may be taken. All Programs must establish a procedure for the notification of a Program Participant's Parent/Legal Guardian/Foster Parent in the case of an emergency, which might include medical or behavioral issues involving the Minor, or changes in the Program due to unforeseen and significant disruptions. Parents/Legal Guardians/Foster Parents must also be given contact information in a manner in which the Program Participant can be contacted while the Program is in session. All information, including release forms, shall be retained by the Sponsoring Unit for five years after the Program ends.
4. Supervision of Minors. All Programs must provide adequate supervision of Minors while they are on Campus. One-on-One Contact with Minors is discouraged, unless in public spaces. In general, it is required that two or more Authorized Adult will be involved in activities where Minors are present. Parents/Legal Guardians/Foster Parents may sign a waiver giving consent for their Child to be alone with an Authorized Adult. (For example, if music lessons are being provided by an adult instructor.) Exceptions in rare circumstances may also be granted (see below).
5. Training of Authorized Adults. Each Authorized Adult, who is not the Minor's Parent, Legal Guardian, Foster Parent or an adult designated by the Parent or Legal Guardian, who will be participating with Minors in a Program, shall complete training in the conduct and reporting requirements of this policy. This training is given to maximize the protection of Minors from abuse of any kind. The appropriate vice president, dean, unit head, or area director may enhance and/or supplement the required training Program to meet specific needs of the particular Program involved. Documentation that the Authorized Adults have been trained should be maintained by a designated and identified member of the Program's Sponsoring Unit for five years.
6. Background checks of Authorized Adults. All Authorized Adults in the Program must complete and submit the Authorization for Release of Information for Background Check form to Human Resources. Background checks must be completed every five years. (See also PC 10.7 Volunteers Policy, for Authorized Adults who are not University employees.)
7. Procedures for release of Minors. All Programs must establish a procedure for the pick-up and drop-off of Program Participants, specifying times and locations. The Authorized Adult(s) overseeing the pick-up and drop-off of Program Participants shall remain at the specified location until all Minors have been released. If a minor is not picked up, the Authorized Adult(s) will contact the parent or guardian, the program director and finally, Grand Valley Department of Public Safety if needed.

In rare circumstances, strict adherence to this policy's requirements may not always be feasible or be the best practice for managing risk. If a Program can justify an exception in consultation with and with approval from Human Resources, or, when appropriate, obtain written consent by the Parent/Legal Guardian/Foster Parent for the parameters applicable to the Program, certain requirements under this policy may be waived. Such waivers will be considered on a case-by-case basis.

II. Conduct Requirements of Authorized Adults

All Authorized Adults, participating in Programs and activities covered by this policy, should be positive role models and act in a caring, honest, respectful, and responsible manner. They are required to comply with all applicable laws and University policy. In addition, at all times, they shall:

1. In general, avoid One-on-One Contact with Minors, unless in public spaces. Two or more Authorized Adults must be involved in Programs where Minors are present unless a waiver has been signed or an exception has been granted.
2. Have separate accommodations from the Minors. An Authorized Adult should not have One-on-One Contact by entering a Minor's room, bathroom facility, or similar area without another Authorized Adult in attendance.
3. Not take photographs or digital images of Minors other than specified in the waiver for photography (see Section I.1).
4. Not engage in private communication not pertaining to Program matters with a Minor by email, telephone, text message, social media, or any other method at any time, except when there is a clear educational purpose and the communication is consistent with the mission of the University.
5. Not meet with Minors outside of established times for Program activities. Any exceptions require written Parent/Legal Guardian/Foster Parent authorization and must include more than one Authorized Adult from the Program.
6. In the presence of a Minor or during any University Program, not engage in any sexual activity or romantic conversations, or sexually explicit comments.
7. Not possess, have within reach and/or share sexually-oriented printed or computerized or portable materials (magazines, cards, videos, films, clothing, smartphones, etc.) in any form available to Minors participating in Programs or activities covered by this policy or assist them in any way in gaining access to such materials. The one exception would be legitimate sexual education Programs in which the Minor's Parent/Legal Guardian/Foster Parent have given prior written consent.
8. Not engage in abusive conduct of any kind toward, or in the presence of, a Minor. For example, no Authorized Adult shall strike, hit, administer corporal punishment or touch in an abusive or illegal manner any Minor. If necessary, touching should only be in the open, in response to the Minor's immediate physical needs, for a purpose that is consistent with the Program's mission and culture, or for a clear educational, development, safety, or health-related purpose (i.e., treatment of an injury).
9. Not possess fireworks, firearms, knives, or other weapons, unless being used for an officially sanctioned and approved instructional Program. (See also the Weapons policy [PC 6.27])
10. Not transport Minors, except as specifically authorized in writing by the Minor's Parent/Legal Guardian/Foster Parent, or in the case of an emergency.
11. Not engage in the use of alcohol or illegal drugs, or be under the influence of alcohol or illegal drugs, during such Programs or activities. (See also the Alcohol and Other Drugs policy [PC 5.1].)
12. Respect and adhere to any resistance from the Minor unless it is a life- threatening emergency.
13. Not continue to participate in Programs or activities if an allegation of prohibited or illegal conduct has been made against an Authorized Adult covered by this Policy until such allegation has been satisfactorily resolved and future participation in Programs is permitted by the University.
14. Not engage in any activity that violates the policies of the University (www.gvsu.edu/policies). This includes the harassment policies [PC 9.1], the Sexual Misconduct policy [PC 9.1], and the Religious Inclusion policy [PC 9.6].

Those who do not meet the prescribed standards of behavior may be asked to leave the Campus and/or Program and may be subject to expulsion from the Program, suspension of attendance, being issued a "no-trespass" order by Public Safety, or disciplinary action up to and including termination of employment. (See also Section VII of this policy.)

The behavioral requirements in this policy are not meant to preclude enrolled University students from developing appropriate friendships with Minors who are close in age to the enrolled student; rather, the requirements are meant to protect Minors from abusive or illegal contact and inappropriate relationships.

III. Third Party Programs Held on University Property

Third Parties using University facilities for events that involve Minors shall operate within all policies and requirements to use University facilities. In addition, adults who interact with Minors in these activities shall conform to the conduct requirements in Section II of this policy.

IV. Minors Enrolled in Courses

Minors who are matriculated students of the University, guest students from other institutions, or dual-enrolled students are subject to all university policies. Adults who interact with Minor students (e.g. faculty teaching courses, academic advisors) are also subject to all university policies and shall conform to the conduct requirements in Section II of this policy. The requirements of Section I of this policy do not apply.

V. Minors at the University Who Are Not Participating in a Program

1. Minors brought to Campus by an employee, student, or visitor, and who are not participating in a Program by a Sponsoring Unit, are the sole responsibility of the employee, student, or visitor. The person bringing the child to Campus is responsible for all aspects of the Minor's behavior including the Minor's safety and is financially responsible for any damages caused by the Minor.
2. Minors are permitted at events and venues open to the public. However, the University reserves the right to determine, in its sole discretion, whether selected events or venues are appropriate for

unescorted or unsupervised Minors.

3. In the event a Minor is on Campus and 1) is unsupervised by an adult, 2) they are not a Participant in a University Program, and 3) they are not a Participant in a Third Party Program (Section III), they may be required to leave the Campus.

Activities for which this Section V of the policy is relevant include:

- Events or performances on Campus that are open to the general public (e.g., athletic competitions, plays, concerts);
- Pre-enrollment visits such as admission, recruiting, and orientation events;
- Services provided by the Campus Health Center or other similar On-Campus clinical services during which a Minor is under the supervision of a Parent/Guardian/Foster Parent or a clinical provider;
- Non-residential field trips to Campus supervised by a Minor's school or organization;
- Private, personal events (e.g., birthday parties, weddings) for which the user has a separate, signed agreement with the University to use space on Campus.

The following activities are exempt from this policy: Off-campus clinical, practicum, internships, student teaching, or similar experiences in which (1) University students (undergraduate or graduate) interact with Minors as part of the experience and (2) are supervised by a third party. This also includes Off-Campus events in which registered student organizations participate with third-party organizations.

VI. Reporting Requirements

Reporting requirements of suspected child abuse or other illegal conduct towards a Minor shall be in accordance with applicable federal, state and local laws. In particular, see:

- State of Michigan Department of Health and Human Services rules on reporting abuse and neglect. (This page includes indicators of child abuse and/or neglect and the State of Michigan's definition of "Mandatory Reporters".)

Individuals who witness or suspect child abuse should not conduct an investigation or delay in notifying the appropriate authorities **via 911**. Such actions could taint any appropriate criminal or administrative investigation and render evidence inadmissible.

In addition, the University's Police Department/Public Safety site provides up-to-date definitions of unlawful behavior: https://www.gvsu.edu/gvpd/title-ix-and-campus-security-authority-report-141.htm

VII. Additional Considerations

1. When an Authorized Adult or other person has been alleged to engage in inappropriate conduct with a Minor, that individual must discontinue any further participation in Programs covered by this policy until such allegation has been satisfactorily resolved and the individual has been given written permission by the University to participate again in Programs. Resolution of the allegation will involve appropriate investigatory steps, and any written permission to continue participation (or participate in the future) in a Program covered by this policy must be coordinated with Human Resources.
2. Any person that requires accommodations due to a disability, while visiting campus must inform the Sponsoring Unit of their needs.

VIII. Interaction with Other Standards, Practices, and Requirements

Nothing in this policy is meant to supersede or replace the standards of practice of other entities in responding to child abuse, suspected incidents of child abuse or threats of child abuse. Satisfying the requirements of this policy does not relieve a person from any obligation to follow the protocols of another entity that may apply to the particular incident. Individual University units maintain the discretion to impose safety measures beyond those required by this policy on University Programs they sponsor or oversee. Additionally, all state and federal requirements must be followed.

PROCEDURES

Human Resources may develop forms and guidelines to assist Programs that wish to work with Minors on Campus. In addition, Human Resources will conduct random audits annually to ensure compliance with this policy.

DEFINITIONS

Definitions

1. "Authorized Adult" is an individual, age 18 and older, paid or unpaid, who supervises, chaperones, or otherwise works with Minors in Program activities, or recreational, and/or residential facilities. This includes but is not limited to faculty, employees, student employees, staff, volunteers, graduate and undergraduate students, interns, teachers, employees provided by temporary agencies, third-party hosts, and independent contractors/consultants. The role of Authorized Adult may include positions such as counselors, chaperones, coaches, instructors, and other similarly situated persons. Temporary guest speakers, presenters and other individuals who have no direct contact or only incidental contact with Program Participants, other than as short-term activities supervised by Program staff, are not considered Authorized Adults but are still expected to conform to the conduct requirements in Section II of this policy.

2. "Campus" includes all domestic real property owned or leased by the University and can include any of its campuses.

3. "Parent" is the natural Parent or adoptive Parent as recognized under the law, of a Minor child whose parental rights and responsibilities have not been terminated under applicable law. "Legal Guardian" is any person appointed under applicable law to have the care and management of the person, the estate, or both of a Minor. "Foster Parent" is a person appointed by the court to temporarily provide the care and management of the minor child.

4. "One-on-One Contact" is personal, unsupervised interaction between any Authorized Adult and a single Program Participant Minor without at least one other Authorized Adult, Parent or Legal Guardian being present. Unless in public spaces, such contact is to be avoided by all adults on Campus, whether considered an Authorized Adult under this policy or not.

5. "Program" or "Programs" are programs and activities offered by various academic or administrative units of the University, whether on University property or not, that potentially will include Minors as Program Participants. This includes but is not limited to workshops, sports camps, academic camps, conferences, and similar activities.

6. "Program Participants" are Minors who are involved in University-sponsored Programs both on and off Campus.

7. "Sponsoring Unit" is the academic or administrative unit of the University that offers a Program or gives approval for housing or other use of facilities.

CONFLICT OF INTEREST POLICY

SLT 10.1

Date of Last Update:
February 14, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

In the pursuit of its mission, Grand Valley State University through its Board of Trustees, Senior Leadership Team, faculty, staff and other representatives operates with the highest level of ethical behavior including, but not limited to, acting with integrity, reasonableness and fairness in our dealings, and avoiding bias or undue influence. Consistent with these values, the Board of Trustees has adopted institutional policies for identifying and managing potential, actual and perceived conflict of interest situations, including Grand Valley State University Board of Trustees' Policy BOT 4.1.6: Conflict of Interest and Grand Valley State University Board of Trustees' Policy BOT 7.9: Economic Development.

PROCEDURES

In addition to the policy obligations described above, the University requires compliance with procedures to avoid or address conflicts of interest as provided by the offices below in the Procedures for Conflicts of Interest table.

TABLES

Procedures for Conflicts of Interest

Topic	Policy/Procedures	Responsible Office

Conflicts of Interest and Commitment in Research and Sponsored Activities	C-01: Procedures for Reporting Conflicts of Interest and Commitment in Research and Sponsored Activities	Office of Research Compliance and Integrity
Human Subjects Research	IRB Policy 140: IRB Member Conflict of Interest IRB Policy 320: Researcher Conflict of Interest IRB Policy 321: Researcher Conflict of Interest When Enrolling GVSU Students and Employees	Institutional Review Board
Institutional Animal Care and Use	IACUC Policy 2.30: IACUC Member Conflict of IACUC Policy 3.30: IACUC Protocol Personnel Conflict of Interest	Institutional Animal Care and Use Committee

LEGAL SERVICES POLICY

SLT 10.2

Date of Last Update:
March 03, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

Pursuant to Grand Valley State University Board of Trustees' Policies BOT 10.2 approved by the Board of Trustees, the President has designated that legal services be coordinated through one administrative office, the Division of Legal, Compliance and Risk Management. All legal services for Grand Valley State University shall be provided through the Division of Legal, Compliance & Risk Management, either by its legal staff, by outside counsel retained by this Division or both. All requests for legal services on behalf of the University must be directed to this Division. The Division of Legal, Compliance and Risk Management provides legal counsel and assistance exclusively to Grand Valley State University representatives regarding University matters.

Personal legal advice or representation with regard to a personal matter should be privately retained and paid for by other than University funds.

FREEDOM OF INFORMATION ACT POLICY

SLT 10.3

Date of Last Update:
September 28, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

Section 1 of the Michigan Freedom of Information Act (“FOIA” or “the statute”) provides, "It is the public policy of this state that all persons, except those persons incarcerated in state or local correctional facilities, are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and public employees, consistent with this act. The people shall be informed so that they may fully participate in the democratic process.”(1) To that end, all people, excluding prisoners, are allowed to file FOIA requests with a Grand Valley State University (the “University”). A requester must simply file a request in writing with the University’s FOIA Coordinator, and the University will begin processing his or her request.(2) Each request must include the requesting person’s complete name, address (in compliance with United States Postal Service addressing standards), and either a telephone number or email address.

The University, in its initial response, will do one of the following within the timeframe permitted by the statute: grant the request, partially grant the request, deny the request, inform the requester that additional time is needed, require a fee deposit prior to further processing, or inform the requester that the requested record has not been sufficiently described.

If a request is denied or partially denied, the University will explain why the documents have not been released and inform the requester of his or her challenge and appeal options.

A fee deposit will be required when processing a request that will require significant University employee time and resources. The University will notify the requester of the estimated cost and provide a non-binding, best efforts estimate of the time it will take to complete the processing of the request. It is possible that after further processing of the request, the University will determine that the cost of processing the request is significantly less or greater than the estimated cost. If that is the case, the University will notify the requester to allow the requester to determine whether and how they want to proceed with the request.

After the University receives a required deposit, it will make every effort to provide the requested documents within the time estimate provided. Requesters must understand, however, that at any given time, the University is processing multiple requests and cannot devote all of its time to one particular request.

A requester who feels wrongly denied of responsive documents may appeal to the Head of the Public Body, which for the purposes of these Procedures and Guidelines is the General Counsel, or file a civil action. If a requester believes that the University has required a fee that exceeds the amount permitted under the Procedures and Guidelines, they may file a civil action. Requesters are also always free to contact the FOIA Coordinator at 616-331-2067 or foia@gvsu.edu with any questions about the processing of their requests. Detailed Procedures and Guidelines follow.

PROCEDURES

1. How to submit a FOIA request to the University

a. A FOIA request must be submitted in writing to the FOIA Coordinator in the Office of General Counsel. The request may be transmitted by online form, in hard copy, by email, or by facsimile.

b. The online form is linked here:

1. University’s FOIA Coordinator's mailing address 4068 James H. Zumberge Hall, Grand Valley State University, Allendale, MI 49401.
2. The email address is foia@gvsu.edu.
3. The fax number is (616) 331-3950.

c. A request should describe the record(s) sought sufficiently to enable the University to find the record(s) and should provide the requester’s contact information.

d. Requests should state that they are submitted pursuant to the Michigan Freedom of Information Act.

e. Requests received electronically are deemed received the next business day. A business day is defined as Monday through Friday, exclusive of holidays and institutional closure days.

f. If a request is delivered to the FOIA Coordinator's junk mail folder, the request will be deemed received one business day after the FOIA Coordinator becomes aware of the request. The FOIA Coordinator will check the junk mail folder at least once per week.

2. Responses to FOIA requests to the University

a. The University will respond to a FOIA request within five (5) business days of the FOIA Coordinator receiving the request.

b. A response will consist of one or more of the following:

i. A granting of the request

ii. A partial granting of the request, and a partial denial because some or a portion of the records do not exist, are not in the possession of the University, and/or are exempt from disclosure

iii. A complete denial of the request because all of the records do not exist, are not in the possession of the University, and/or are exempt from disclosure

iv. A notice that more time is needed to process the request

1. If more time is needed, the University will send out a follow up response within 10 business days of the initial response.

v. A notice that a fee deposit is required prior to further processing

1. If a fee deposit is required, the University will include in its response a non-binding, best efforts estimate regarding the time it will take to provide the records to the requester.

vi. A notice that the record(s) sought has (have) not been sufficiently described to enable the University to locate the record(s).

c. The response will state the FOIA exemptions under which any information and/or documents are withheld, if applicable.

d. If any part of a request for records is denied for any reason, the response will set forth the procedures for appealing the denial.

3. Deposit Requirements

a. A fee deposit will be required when the processing of a request will result in fees equal to or greater than $50.00.

b. The required deposit will equal up to 50% of the estimated cost of fulfilling the request as calculated at the time of the initial response.

c. If the University requires a deposit, it will not process the FOIA request further until the deposit is paid.

d. If a deposit is not received by the FOIA Coordinator within 45 days of the initial notice, the request will be considered withdrawn. Notice of a deposit requirement is considered received three days after it is sent, regardless of the means of transmission.

e. If, after receipt of the deposit and further processing of the request, the University learns that the processing costs will be significantly different from the estimated costs, the University will so notify the requester. Where the actual effort to search for, review and separate exempt material significantly exceeds the original estimate, the University will notify the requester. The requester may choose to receive a revised fee deposit notice, or limit his/her original request to those records, which may be processed within the time stated in the original fee estimate.

f. A person who makes a FOIA request for which a deposit is required may withdraw that FOIA request without charge instead of paying the required deposit. Failure to pay the deposit will be deemed a withdrawal of the FOIA request.

g. The University will treat multiple concurrent FOIA requests on the same topic(s) and/or regarding the same record keeper(s) and from the same person as one FOIA request for purposes of determining whether the fee is below $50.00.

h. Where a requester who has not paid the final fee for the processing of an earlier request files a new FOIA request, the University may require a deposit of all (100%) of the estimated fees for processing the subsequent request prior to processing the subsequent request.

4. Calculation and Payment of Fees

a. Fees are calculated by adding together the following costs:

i. The labor costs for searching for, locating, and examining responsive records

ii. The labor costs for review, separation, and deletion of exempt information from non-exempt information

iii. The cost of non-paper physical media, if used

iv. The cost per copy of paper copies, not to exceed $.05/page for standard 8 ½ x 11 inch paper v. The labor costs directly associated with duplication or publication, which may include copying to non-paper media

vi. The cost of mailing

b. Final fees for responding to a FOIA request will be billed when the University responds to the FOIA request. A detailed FOIA fee itemization form will be provided by the University with the response. The amount invoiced must be paid within ninety (90) days. The University reserves the right to require payment in full of all fees incurred in processing a FOIA request before delivering the final, responsive documents.

c. The University's decision to deny access to public records sought by a FOIA request because those records are, in whole or in part, exempt from disclosure does not excuse the person who files that FOIA request from payment of fees for the work undertaken by the University in response to that request.

d. The University may waive or reduce the fees it is authorized to charge if it determines that a waiver or reduction of the fee is in the public interest because responding to the FOIA request can be considered as primarily benefiting the general public.

e. Fee reductions or waivers are required in certain instances involving proven indigence or non-profit organizations. The University will apply these reductions or waivers in accordance with the statute.

5. Procedures for Challenge and Appeal

a. If the University denies a request in whole or in part, the requester may:

i. Submit an appeal to the Head of the Public Body, which for the purpose of these Procedures and Guidelines is the Vice President and General Counsel, in writing, via the FOIA Coordinator, using the contact information listed in Item 1, above. The appeal must specifically use the word "appeal" and identify the reason(s) the requester seeks reversal of the denial. The Head of the Public Body must respond to the appeal within ten (10) business days by doing one of the following:

1. Reversing the FOIA Coordinator's decision

2. Upholding the FOIA Coordinator's decision

3. Reversing in part and upholding in part the FOIA Coordinator's decision

4. Issuing a notice of extension for not more than ten (10) additional business days.

ii. Commence a civil action in the Court of Claims within one hundred eighty (180) days after the University's final determination to deny a request.

b. If a requester believes that the University has required payment of a fee that exceeds the amount permitted under these Procedures and Guidelines, they may commence an action in the Court of Claims for a fee reduction within forty five (45) days after receiving the notice of the required fee.

c. If a requester has questions regarding any FOIA response, including estimated fees or actual fees assessed, the requester should not hesitate to contact the FOIA Coordinator by email foia@gvsu.edu or telephone 616-331-2067.

FOOTNOTES

(1) M.C.L.A. 15.231.

(2) Verbal requests for information are not FOIA requests for purposes of these Procedures and Guidelines. If a verbal request for information is received by a University employee who knows that the information is available on the University's website, the employee, where practicable, will inform the requester about the University's website address

(3) The University has determined, consistent with FOIA, that failure to charge fees in situations where the fees would be equal to or greater than $50.00 would result in unreasonably high costs to the University.

(4) A copy of the standard form that the University uses for fee itemization, with additional explanatory information, is attached to these Procedures and Guidelines.

(5) Labor costs will be estimated and charged in increments of 15 minutes or more, with all partial time increments rounded down. The labor is charged at the hourly rate of the lowest paid University employee capable of doing the work, plus fringe benefits, if applicable. If it is not possible for the work to be done by a University employee, the University will contract the work out and charge per the provisions of the

statute.

GROUNDS AND FACILITY USE POLICY

SLT 10.4

Date of Last Update:
August 08, 2024

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

Pursuant to Article VIII of the Michigan Constitution of 1963, Grand Valley State University ("the University") has the responsibility to serve as a public institution of higher education. To carry out this Constitutional mandate, the University owns and/or controls property and facilities. The University has established the following grounds and facility use policy to ensure the University's educational mission is actualized, while allowing for the exchange of ideas, protecting University property, prohibiting a hostile environment, and ensuring that the University's operations are not materially or substantially disrupted.

This policy applies to all buildings, grounds, and other spaces owned or controlled by the University.

University property is primarily dedicated to academic, student life and administrative functions. To prevent these University functions from being interrupted, GVSU must regulate use of certain facilities and locations. These facilities and locations are sometimes referred to as forum. (Forum Identification Chart) These are venues for Expressive Activity, including speeches, demonstrations, and the distribution of literature, as provided by this policy. Different forums have different uses, which are explained here, and in the linked definitions in Appendix A.

The inside and immediate outside (within 50ft) of buildings dedicated to research, academics, health, and/or operations/administration, as well as parking areas (which are designed for the flow of traffic), are nonpublic forums, where viewpoint neutral restrictions apply. However, many areas of campus represent a public forum or limited public forum that the University has specifically designated for Expressive Activities. The Mt. Vernon Pedestrian Mall on GVSU's Pew Campus, the Cook Carillon Tower and Transformational Link on GVSU's Allendale campus, and the perimeter sidewalks of both campuses as well as on the Health Campus are open public forums. For students, registered student organizations, faculty and staff, the remaining areas on campus (those not designated as nonpublic or public forums) are limited public forums.

Expressive Activity comprised of unprotected speech may be prohibited.

As to all other speech, the University shall not consider the viewpoint of the Expressive Activity or the possible reaction to the viewpoint of that Expressive Activity in applying this policy. However, the University may restrict or compel speech where it has a compelling interest. In the event the Expressive Activity creates a hostile environment for other members of the GVSU community, violates or hinders the rights of others within the campus community, results in a concern for public safety, or materially and substantially disrupts the University's operations, the University (including representatives from the Department of Public Safety) shall take all necessary steps to resume normal campus activities and restore the campus climate, while still allowing protected Expressive Activity to continue.

For purposes of this policy, the term "Expressive Activity" includes the following activities, if the main purpose of the activity is the expression or exchange of ideas:

1. Meetings and other group activities;
2. Speeches, performances, demonstrations, rallies, vigils, and other events;
3. Distribution of literature, such as leaflets and pamphlets;
4. Wearing, carrying, or otherwise publicly displaying words, images or symbols; and
5. Any other expression protected by the First Amendment to the U.S. Constitution.

Although the University does not prevent, discourage, or punish protected speech, the University's allowance of protected Expressive Activity must not be construed as an adoption or endorsement of the viewpoints expressed. The University does not assume any obligation or responsibility for the content of the materials distributed or displayed.

GENERAL RULES REGARDING FACILITY USE

University facilities are intended for use by University faculty, staff, students, student organizations, guests of the University, and participants in authorized on-campus activities. However, use may be prohibited by some individuals without prior authorization and certain types of uses are prohibited at all times, as outlined in this policy. Generally:

1. Persons on University property are required to provide picture identification and to provide evidence of qualification to a University official upon request. Evidence of qualification means a current and valid University identification card, or accompaniment by a University community member that is a representative of the group that issued the invitation.
2. Vagrancy, loitering, or interfering with intended use is prohibited.
3. Unauthorized entry into or presence in closed University buildings or areas is prohibited.
4. Unauthorized climbing on any University building, equipment, or temporary construction is prohibited.
5. University officials have discretion to ask non-University affiliated individuals who are in violation of this policy to leave University owned or controlled property.
6. Events that do not include Expressive Activity are restricted as follows:
    a. All events require prior written approval through reservation or rental.
        i. Reservations are limited to GVSU community members for University approved events. Requests for reservation can be made by contacting Event Services or the appropriate facility manager.
        ii. Facility rental is required for events that do not have an official University purpose. Requests for rental can be made by contacting Event Services or the appropriate facility manager.
    b. All events are subject to applicable University policies, including but not limited to the Commercial Activity Policy, Housing policies, and Student Code policies.
    c. Events that do not include Expressive Activity may not be provided the same constitutional protections as Expressive Activity.

EXPRESSIVE ACTIVITY

A. General Rules: Generally, and subject to all rules set forth herein and all applicable University policies, students, student organizations, faculty, employees, and any other individuals or groups permitted on campus, shall be allowed to conduct Expressive Activities on University property provided as follows:

1. The Expressive Activity does not block access to campus buildings and does not impede ingress or egress to the University, any University property, parking lot, building, facility, or event (generally within 50 feet) except as otherwise designated in this policy.
2. The Expressive Activity takes place at least 50 feet from academic, research, health, operations/administration buildings. These locations primarily provide student support services.
3. The Expressive Activity does not obstruct vehicular or pedestrian traffic.
4. The Expressive Activity does not constitute unlawful activity.
5. The Expressive Activity does not create a clear and present threat to public safety.
6. The Expressive Activity does not take place in a location that has already been reserved by the University, a registered student organization, or an outside organization.
7. The Expressive Activity does not use an amplification device without prior written approval by the Event Services Office. Any request for amplification must be made at least two business days in advance of the event. Amplification that complies with the terms of this policy will generally be granted, unless a prior-reserved event is taking place in close enough proximity that it will be disrupted by the applicant's use of amplification. Check the box for Sound Amplification on the Request Form.
8. The Expressive Activity does not use an amplification device in residential buildings.
9. The Expressive Activity by persons or groups that are not members of the GVSU community will not use amplification devices outside of the hours of 8 a.m. and 5 p.m.
10. The Expressive Activity, with or without an amplification device, does not emit sound that creates a material and substantial disruption to the University's operations.
11. Commercial messages and/or advertising using amplification is prohibited.
12. The Expressive Activity does not include posting materials on University property, except as provided by the Campus Posting Procedures.
13. The Expressive Activity does not include soliciting or accepting donations, except as provided in this policy.
14. The Expressive Activity by GVSU community members does not take place outside the hours of 8 a.m. and 10 p.m, without a prior approved reservation or rental.
15. The Expressive Activity by persons or groups that are not members of the GVSU community will not take place outside of the hours of 8 a.m. and 5 p.m, without one of the following prior approvals:
    - a. Approval through a location rental.
    - b. Approval through reservation or rental by a registered student organization.
    - c. Approval through reservation or rental by a University official for official University purpose.
16. Distribution of printed materials must be done in person.
17. Individuals and/or groups engaged in Expressive Activity are responsible for picking up any printed materials dropped on the ground around the areas of distribution. The University may charge such individuals and/or groups a reasonable clean up fee if they fail to do so.

18. Parking lots, ramps, and garages are not designated or suitable for Expressive Activities, and windshield flyers are not permitted.
19. Individuals and/or groups engaging in Expressive Activity agree to pay for any damage they cause to University property.
20. For University employees, in order to be protected, the Expressive Activity must address a matter of public concern and have an interest more compelling than the University's interest.
21. The Expressive Activity does not violate the Michigan Campaign Finance Act.
22. The Expressive Activity does not violate any other University policies, including but not limited to all Housing policies.

Other rules and policies may apply to any person or organizations desiring to sell merchandise or services on campus, including but not limited to the Commercial Activity Policy (SLT 10.4.1). Any person or organization desiring to sell merchandise or services on campus should contact the Event Services Office at 616-331-2350 for information prior to any efforts to engage in such sales on campus grounds.

B. Outdoor Locations.

For outdoor University areas, students, registered student organizations, faculty, and employees may freely engage in spontaneous Expressive Activities provided that such activities are in compliance with all other provisions of this policy, including those provisions pertaining to public, limited public and nonpublic forums, as well as all local, state and federal laws.

Non-University affiliated individuals or organizations may reserve outdoor public forums and may freely engage in spontaneous Expressive Activities in outdoor public forums provided that such activities are in compliance with all other provisions of this policy as well as all local, state and federal laws.

Registered student organizations may reserve outdoor University areas to solicit and accept donations for charitable causes or to engage in other Expressive Activities as outlined in this policy. Users must comply with all directives of the fire marshal for the use of any outdoor area.

Distribution of written or printed materials, such as leaflets or pamphlets, and petitioning for signatures by GVSU community members may be conducted at all outdoor locations consistent with this policy. Use of tables or other equipment or devices to hold distribution materials is restricted to open public forums.

C. Indoor Locations.

For indoor University facilities and areas, students, registered student organizations, faculty, and University employees may freely engage in spontaneous Expressive Activities, provided that such activities are in compliance with all other provisions of this policy, including those provisions pertaining to public, limited public and nonpublic forums, as well as all local, state and federal laws, and subject to the following conditions:

1. Guests may speak at indoor locations as long as they are invited by a registered student organization or by a faculty or staff member for an official University purpose. Non-University affiliated individuals may be requested to show evidence of qualification. Evidence of qualification means a current and valid University identification card, or accompaniment by a University community member that is a representative of the group that issued the invitation.
2. Use of the facility must be in compliance with all directives of the fire marshal for the use of any indoor area.
3. All Expressive Activity is restricted to the normal operating hours of the building or area in which the activity is taking place, unless otherwise indicated by prior approval.

Registered student organizations may use the Kirkhof Center for the following activities, subject to the other provisions of this policy:

1. Space may be reserved in the Kirkhof Center for any proper purpose, including, but not limited to, to promote a cause or event, to promote a student organization, or to solicit and accept donations for charitable causes.
2. Distribution of written or printed materials, such as leaflets or pamphlets, and petitioning for signatures may be conducted inside the Kirkhof Center, as long as the registered student organization reserves the space pursuant to this policy.

D. Reservations:

1. If registered student organizations wish to reserve indoor or outdoor locations, they shall submit their application for reservation to Event Services or the appropriate facility manager at least two business days prior to the reservation date. The application will not require viewpoint disclosure.
2. If University employees or faculty, on behalf of the University, wish to reserve indoor or outdoor locations, they shall submit their application for reservation to Event Services or the appropriate facility manager at least two business days prior to the reservation date. The application will not require viewpoint disclosure.
3. If non-University affiliated individuals (non-commercial) wish to reserve an open public forum they shall submit their application for reservation to Event Services or the appropriate facility manager at least two business days prior to the reservation date. The application will not require viewpoint disclosure.
    a. Use of the space is free of charge and may be reserved by contacting Event Services at 616-331-2350.
    b. Any non-University affiliated individuals engaged in expressive activity outside of the 50-foot radius of any of these landmarks, will be asked to move to one of the designated areas.
    c. Any non-University affiliated individuals that fail to comply with any such reasonable request may be asked to leave University owned or controlled property.
    d. Non-university affiliated individuals may rent space by contacting Event Services at 616-331-2350.
4. An existing reservation will take precedence over a spontaneous Expressive Activity.
5. Registered student organizations, faculty, University employees, and non-University affiliated individuals may reserve facilities for Expressive Activities, on weekdays and weekends, subject to the facility's availability, and consistent with all applicable University policies.
6. Reservation requests will be processed and granted on a first-come, first-served basis. These requests may be denied for the following reasons only:
    a. The requested use is inconsistent with University policy;
    b. The requested use conflicts with any other provision of this policy;
    c. The venue is already reserved for another event (In the event that multiple individuals or organizations submit conflicting reservation requests, the following order of precedence shall govern: (1) official University activities and events; (2) registered student organization activities and events; (3) student activities and events; and (4) all other activities and events);
    d. The activity is likely to attract a crowd larger than the venue can safely contain;
    e. The activity is a clear and present threat to University public safety, according to the University's police or security department;
    f. The activity will occur during college examination periods; or
    g. The activity is unlawful.
    h. For faculty and employees wishing to reserve space, the intended use must be related to an official University purpose.

Requests will not be denied based on the viewpoint of the anticipated protected speech.

7. During an event, the individual or group requesting the reservation is responsible for preserving and maintaining the reserved facility. The person(s) or organization (and its officers, if applicable) who reserved the facility shall assume responsibility for any damages to those facilities.

RECREATIONAL ACTIVITIES

1. Camping, fishing and hunting are prohibited on property owned or controlled by the University, except when such camping, fishing or hunting is in connection with an official activity of the University, such as an activity of an academic or administrative unit or an official University activity that has been approved in writing by an authorized University official.
2. No person shall construct or otherwise erect or abide in any barrier, structure, lean-to, vehicle, trailer, tent, park bench, box, slab or other temporary shelter facility anywhere within the confines of the University's property except in connection with an approved University activity. Questions about camping should be directed to the Director of Public Safety.
3. No person is permitted to use any non-residential areas of University owned, controlled or leased property for the purpose of sleeping without express permission from the University.
4. Any diving, swimming, ice skating, skating, or other recreational use of the waterways or water features located on any University owned or controlled property is prohibited.

RELATED LINKS

Climate Concerns

Expressive Activity Resources

Policy Prohibiting Harassment

Title IX and Civil Rights Office

Commercial Activity Policy

Political Activity Policy

Email Policy

Housing Guest Policy

Housing Policies

Student Code

COMMERCIAL ACTIVITY POLICY

SLT 10.4.1

Date of Last Update:
November 17, 2020

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

Pursuant to Article VIII of the Michigan Constitution of 1963, Grand Valley State University ("the University") has the responsibility to serve as a public institution of higher education. To carry out this constitutional mandate, the University owns and/or controls property and facilities. The University has established the following policy to ensure the University's educational mission is actualized, while allowing certain Commercial Activities on University property.

The University reserves the right to deny proposed Commercial Activities that compete with the University or its operations. This policy does not apply to the use of student housing facilities by residents, which is subject to the terms and conditions of the housing agreement. The use of University property for government functions is not subject to this policy.

Definitions

For the purposes of this policy, the term "Commercial Activities" includes:

1. The lawful selling, promotion, or offering of products, goods, or services;
2. The dissemination or collection of information for the purpose of facilitating the sale of goods or services;
3. Any activity that attempts to raise funds, whether through the sale of goods and services or via donations for any entity; or,
4. The distribution or offering of free gifts, incentives, or promotions.

PROCEDURES

1. University Departments

University departments and its service providers whose function includes the sale of food or merchandise or the use of outside vendors and/or advertisers are exempt from this policy. This includes, but is not limited to, all campus dining facilities, the Laker Store, University Athletics, and University Development.

2. Registered Student Organizations

Registered Student Organizations (RSOs) may engage in Commercial Activities on University grounds subject to the provisions in the Grounds and Facility Use Policy and the conditions below.

1. When an RSO is using University property for Commercial Activities, 100% of the proceeds must either return to the RSO or be donated to a specified charitable organization.
2. RSOs may not sponsor or partner with outside solicitors as part of a Commercial Activity.
3. RSOs must have at least one of their organization's members present at all times during the Commercial Activity period, and all sales must be made on a person-to-person basis.
4. Any literature distribution must include the name of the RSO responsible for the publication.

3. Students, Employees, and Non-University Solicitors

Students, employees, and those not affiliated with the University may engage in Commercial Activities only when renting indoor University facilities for an event, subject to the terms and conditions of their rental agreement, or when reserving outdoor space limited to the Cook Carillon Tower plaza. Outdoor reservations must be submitted to the Event Services Office at least five business days prior to the intended solicitation period. Due to high demand for space use, reservations must be canceled at least 72 hours prior to the scheduled event to receive a full refund or have previous payment applied to a new date. Reservations are subject to the provisions in the Grounds and Facility Use Policy.

1. When using a designated outdoor space for Commercial Activities, students, employees, and non-University solicitors are required to pay $250 per calendar day to the University.
2. There shall be no more than three separate Commercial Activities using outdoor locations at any one time.
3. Each individual or organization is entitled to use outdoor University property as provided in this policy for a maximum of five days per semester for purposes of Commercial Activities.

POLITICAL ACTIVITY POLICY

SLT 10.5

Date of Last Update:
September 10, 2012

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

Political activity of faculty and staff members at Grand Valley State University as addressed in the Grand Valley State University Board of Trustees' Policies BOT 4.1.6.3, in pertinent part, states: "The University affirms the rights of its faculty and staff members as citizens to be active in political affairs which do not conflict with the professional standards and ethics in employment."

Further, the Board of Trustees address the subject of Academic Freedom of faculty in the Grand Valley State University Board of Trustees' Policies BOT 4.2.2 specifically sections 2 & 3:

2. Faculty members are entitled to freedom in the classroom in discussing their subject, but they should be careful not to introduce into their teaching controversial matter, which has no relation to their subject. (The words faculty member as used in this document are understood to include the investigator who is attached to an academic institution without teaching duties.)

3. University or university faculty members 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 persons of learning and as educational officers, they should remember that the public may judge their profession and their institution by their utterances. Hence they should at all times act in a professional and responsible manner, and should make every effort to indicate that they are not institutional spokespersons.

In addition to University policy, state law, specifically the Michigan Campaign Finance Act, regulates political activities of public bodies, such as state universities, and its employees.

PROCEDURES

In light of University Board of Trustees' policies and state law, the following guidelines are intended to help faculty and staff with compliance:

1. Faculty and staff members may engage themselves, as private citizens, in political activities including support or opposition to candidates for office or ballot questions on their own time. If you are working for the University and charging your time to a federal grant, any activity to support a political candidate or ballot question must be conducted on personal time. For questions about federal grants, contact the Office of Sponsored Programs for more information.
2. University departments or programs may sponsor presentations and discussion groups about an upcoming election provided that the purpose is to provide factual information on a political subject or issue if the communication does not support or oppose a ballot question or candidate by name or clear inference.
3. Classroom discussions of candidates and ballot questions must be related to course content as described in the catalog and course syllabus. A reminder to students to register to vote and to vote is permissible.
4. Faculty and staff members may express their support or opposition to candidates or ballot questions by wearing buttons.

5. Faculty and staff members, as private citizens, may elect to lend their names to support one or more candidates for office or in support of or opposition to a ballot question. However, care must be exercised to assure that the faculty or staff member does not use their University title in relation to such advocacy.
6. Faculty and staff members shall not use University resources for political activity to support or oppose candidates for office or ballot questions. “University resources” includes, but is not limited to:

a. University funds or money administered through a University budget;
b. University facilities including office space or meeting rooms (except speech in open forum areas) or use of University office address;
c. University equipment including office or cellular telephones, computer hardware or software, printers, copiers and facsimile machines;
d. University-provided email addresses or use of the University email system;
e. University supplies including stationary, paper, postage, pens, pencils, and other office supplies;
f. University identifying marks including trademarks, logos, University letterhead, and University titles; and
g. University time including when the faculty or staff member is working or the use of clerical or student worker time.

SOCIAL SECURITY NUMBER PRIVACY POLICY

SLT 10.6

Date of Last Update:
July 31, 2008

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

1. **Applicability** This policy applies to all members of the GVSU community including faculty, staff and students.

2. **Access to Social Security Numbers.** GVSU restricts access to information or documents containing social security numbers to members of the GVSU community who have a legitimate university business reason to access such information or documents. The heads of departments having access to records containing social security numbers shall determine which other personnel within their departments have a legitimate reason in the University’s ordinary course of business to have access to such social security numbers. Personnel using such records containing Social Security Numbers must take appropriate steps to secure such records when not in immediate use.

3. **Confidentiality of Social Security Numbers**. Members of the GVSU community shall maintain the confidentiality of university information or documents containing social security numbers consistent with the law and this policy. No person shall knowingly obtain, store, transfer, use, disclose, or dispose of social security numbers except in accordance with the law and this policy.

4. **Obtaining Social Security Numbers**. Social security numbers should be collected only where required or permitted by federal and state law or for legitimate university business reasons consistent with law and policy.

5. **Public Display**. No more than four sequential digits of a social security number shall be on public display. Public display means to post, make visible, or set out for open view to members of the public or in a public manner. This includes open view on a computer screen or device.

6. **Account Numbers**. As of the effective date of this policy, GVSU has undertaken a systematic process to eliminate social security numbers as identification numbers for all current members of the GVSU community. Once assigned an alternative identification number, neither the University nor the individual may return to the use of a social security number as an identification number for that person.

7. **Mailed Documents**. Documents containing more than four sequential digits of a social security number shall only be sent by mail in cases where state or federal law, rule, regulation, or court order or rule authorizes, permits or requires that a Social Security number appear in the document, the document is sent as part of an application or enrollment process initiated by the individual, at the request of or with the permission of the individual, their parent or guardian, or with regard to an employee or heath insurance benefit. Documents containing more than four sequential digits of a social security number, that are properly sent through the mail, shall not reveal the number through the envelope window or otherwise be visible from the outside of the envelope or package. Mail includes delivery by regular US mail, campus mail, or any other delivery service that does not require the signature of the recipient indicating actual receipt.

8. **Freedom of Information Act Requests**. Where more than four sequential digits of a social security number are contained within a document subject to release under the Freedom of Information Act, the social security number shall be redacted or otherwise rendered unreadable before the document or copy of the document is disclosed. Any request for disclosure of documents under the Freedom of Information Act shall be first referred to the Division of Legal, Compliance and Risk Management.

9. **Storage of Documents**. All documents containing social security numbers shall be stored in a physically secure manner. Social security numbers shall not be stored on computers or other electronic devices that are not secured against unauthorized access.

10. **Disposal of Documents**. Documents containing social security numbers will be retained in accordance with the requirements of state and federal law and consistent with the legitimate business needs of GVSU. At such time as documents containing social security numbers may be disposed of, such disposal shall be accomplished in a manner that protects the confidentiality of the Social Security numbers, such as by shredding.

11. **Unauthorized Use or Disclosure of Social Security Numbers**. GVSU shall take reasonable measures to enforce this Privacy Policy and to correct and prevent the reoccurrence of any known violations. Anyone who knowingly obtains, uses or discloses social security numbers for unlawful purposes or contrary to the requirements of this policy, state or federal law, shall be subject to discipline up to and including discharge for employees or expulsion for students consistent with existing disciplinary policies. Additionally, certain violations of the Act carry criminal and/or civil sanctions. GVSU will cooperate with the appropriate law enforcement or administrative agencies in the apprehension and prosecution of any person who knowingly obtains, uses or discloses Social Security numbers for unlawful purposes.

12. **Lawful and Required Use.** Nothing in this policy is designed to prohibit the collection, retention or transmission of documents or records containing Social Security numbers as required or permitted by state or federal law, rule or regulation, at the request of or with permission of the individual, for administrative use in the ordinary course of business to verify identity, to pursue legal rights of GVSU, or to provide or administer employee benefits such as health or retirement benefits.

VOLUNTEERS POLICY

SLT 10.7

Date of Last Update:
April 25, 2013

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

This policy is intended to reduce the risk related to the use of volunteers and their activities. The University accepts volunteer support to accomplish its educational mission and desires to ensure that volunteer relationships with the University are clearly established and understood by all parties. Payment for volunteer services is not allowed. However, University departments may reimburse volunteers for actual and reasonable expenses, following the appropriate university policies. The University requires the same attention to duties and responsibilities for volunteers as it does for employees of the University. This policy also does not cover or govern volunteers who agree to serve as human subjects in University research protocols, as they are covered by other policies under the administration of the Human Research Review Committee.

PROCEDURES

Relationship

Volunteer arrangements may not be used to circumvent the established processes that govern the employment of people. Volunteers do not have an employment relationship with the University on any grounds or for any reason and are not covered by the Fair Labor Standards Act, Michigan wage laws, or the Youth Employment Standards Act, and are not eligible for any University benefit, including Worker's Compensation, or any other benefits of employment from the University, including but not limited to, health care, vacation, or sick time. Volunteers are not provided with accident or medical insurance, and are therefore responsible for any accident or medical expenses that may be incurred as a result of the volunteer assignment.

Payment for volunteer services is not permitted under any circumstance. However, the appropriate department has the authority to decide whether to reimburse a University volunteer for actual and reasonable expenses so long as the expenses fall under the University's reimbursement guidelines located on the Business and Finance website. Reimbursement cannot be used as a substitute for compensation nor can it be linked to the volunteer's productivity.

Volunteers may not receive any institutional marketing materials reflecting their name and the University logos such as: business cards, letterhead, unless approved by the appropriate Vice President or Senior Leadership Team member.

Protection of Volunteer

According to the Board Policy BOT 10.3, Indemnification:

"It is the policy of Grand Valley State University to support its Board members, officers, faculty, and staff in the reasonable and proper performance of their official duties, and to support students and volunteers when performing services on behalf of or under the direction of the university."

Volunteers are indemnified in the same manner as employees. It is important that the department or unit managing the volunteer maintain records as specified in this policy in order to ensure their volunteers are properly covered.

Eligibility

To be eligible to become a volunteer, one must:

1. Be willing to provide services according to this policy, complete and sign a Grand Valley State University Volunteer Profile, Disclosure, and Consent Form as well as other associated forms if deemed appropriate,
2. Have parental consent if under the age of 18,
3. Complete the Authorization for Release of Information for Background Check if the volunteer assignment involves working directly with minor children, money or access to confidential information regarding employees, students, health, financial data, etc., and
4. Be authorized through the Department of Public Safety if the volunteer assignment requires operating a vehicle owned or leased by the University.

Responsibilities of the University Department Engaging Volunteers

Departments must keep records of volunteer names, dates of service(s), and services performed for a period of one year following the end of the volunteer assignment.

It is the responsibility of the individual unit to ensure that volunteers are aware of the unit's rules and regulations. Volunteers must have the necessary training and/or supervision to safely carry out volunteer work. If the volunteer assignment involves providing professional services such as those performed by accountants, architects, doctors, engineers, etc., the department must assure that the volunteer has the appropriate credentials including licensure and/or certification.

One exception is that any legal services or assistance, whether by a volunteer or otherwise, must have prior written approval of the General Counsel. According to Board policy, as stated in the Board of Trustees' Policies, all legal services must be provided through the Office of General Counsel.

If the volunteer assignment requires operating a vehicle, the volunteer must have a valid driver's license, and have a good driving record as determined by the Department of Public Safety.

Responsibilities and Rights of the University Volunteer

Volunteers are responsible for complying with all University policies and all relevant laws including but not limited to: personal conduct, sexual assault, unlawful discrimination and harassment, compliance, workplace violence, substance abuse; misuse of confidential information; use of University technologies; financial responsibility; and vehicle use. Volunteers are not considered agents of the University unless the authority has been expressly delegated to them by an authorized University official. Volunteers are also expected to comply with any rules and regulations specific to the department for which they are volunteering.

Risk Management

Volunteers cannot replace employee positions. Volunteer services are generally limited to humanitarian, charitable, or public services. University volunteers are also prohibited from performing the following activities:

1. Working in any capacity in which the volunteer is employed by the University, or which is essentially similar to the individual's regular work at the University, or under circumstances that suggest the decision to volunteer is not made freely,
2. Operating heavy equipment e.g. forklift, hi-lo, backhoe, etc.,
3. Working with highly hazardous or toxic chemicals or agents and/or dangerous equipment or environments i.e.: anything that could cause severe injury or death,
4. Any activity considered inappropriate for an employee,
5. Entering into any contract on behalf of the University,
6. Rendering professional services without possessing the required credentials,
7. Any actions beyond the scope of the volunteer assignment, and
8. Provide legal advice or assistance without prior written approval from the University General Counsel.

In some cases where the volunteer assignment involves higher levels of risk exposure to the individual and others, the University department is responsible for disclosing those risks to the volunteer in writing. This will assure that information about the risks associated with the volunteer assignment are clearly communicated to the individuals who are engaged as university volunteers. Examples of services that require risk disclosure include but are not limited to:

1. Laboratory activities,
2. Services with potential exposure to bloodborne pathogens,
3. Professional services that require licensure and/or certification such as those performed by accountants, architects, doctors, engineers, etc. and trade services such as construction, plumbing, electrical, etc,
4. Travel of any kind,
5. Activities in any environment which requires orientation or training, and
6. Activities with patients and/or subjects of experiments.

Use of Volunteer Procedures

The procedures and forms to implement this policy can be found on the Risk Management Website.

DEFINITIONS

A volunteer is defined as an uncompensated individual who performs services directly related to the operations of the University for its benefit, to the mission of the University, or for the volunteer to gain experience in specific endeavors. To qualify as a volunteer, an individual must be willing to provide services according to the directions of the appropriate University representative. An individual who provides services for an entity that is not directly related to the business of the University (e.g., a government or public agency), is not considered to be a University Volunteer for the purposes of this policy.

CELLULAR PHONE AND WIRELESS COMMUNICATION POLICY

SLT 11.1

Date of Last Update:
April 29, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Authorized university employees that have duties/responsibilities that require them to carry a cell phone or related device to conduct official University business are subject to the following policies.

PROCEDURES

Cellular service will only be provided by approved GVSU vendors.

Executive Officers are responsible for approving either a cell phone or wireless device service before one is provided to any employee. Requestor should present written plan and recommendation, demonstrating the need to provide a cell phone to the appropriate executive officer and send via email, both the request and the approval, to the IT office at telco@gvsu.edu

Upon approval, IT will arrange ordering and set up department billing for device and service. Monthly plan reimbursement by travel requisition will not be permitted. Adding additional family devices/services will not be permitted.

Each Executive Officer will annually review all participation along with usage and charges for their division. Detailed information will be provided by the Information Technology.

IT tracks usage, plans and expenditures and works with the service providers to structure GVSU's cellular plans in the most efficient and cost effective way.

Directory assistance calls should be made via a lower rate number of 866-352-8161. Standard calls (calls to 411) can cost as much as $1.79 whereas the provided number costs $.37. The new directory assistance number is reserved for GVSU paid cellular users only. Do not share it with others.

This policy applies to cell phones paid for by GVSU.

EMAIL POLICY

SLT 11.2

Date of Last Update:
October 09, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Grand Valley State University provides its faculty, staff and students with electronic mail intended for University-related purposes including direct and indirect support of the University's instructions, research, and service missions; of University administrative functions; of student and campus life activities, and of the free exchange of ideas among members of the University community and between the University community and the wider local, national, and world communities.

The rights of academic freedom and freedom of expression apply to the use of University electronic mail. Electronic mail sent or received using University facilities is, however, University business and cannot be guaranteed total privacy. The University does not routinely inspect, monitor, or disclose electronic mail without the holder's consent. Nonetheless, subject to the requirements for authorization, notification, and other conditions specified in this Policy, the University may deny access to its electronic mail services and may in exceptional circumstances inspect, monitor, or disclose electronic mail.

PROCEDURES

Applicability

This Policy applies to:

- All electronic mail systems and services provided or owned by the University
- All users, holders, and uses of University e-mail services
- All University e-mail records in the possession of University faculty, staff or students or other e-mail users of electronic mail services provided by the University

This Policy applies only to electronic mail in its electronic form. The Policy does not apply to printed copies of electronic mail.

This Policy applies equally to transactional information (such as e-mail headers, summaries, and addresses) associated with e-mail records as it does to the contents of those records.

All users of University electronic mail are subject to:

- Comply with all federal, Michigan, and other applicable laws and regulations; all generally applicable University rules and policies; and all applicable contracts and licenses. Examples of such laws, rules, policies, contracts, and licenses include the laws of libel, privacy, copyright, trademark, obscenity, and child pornography; the Electronic Communications Privacy Act and the Computer Fraud and Abuse Act, which prohibit unauthorized use or entry into another's account; the University's Student Code; the University's Anti-Harassment policy; and all applicable software licenses.
- Users who engage in electronic communications with persons in other states or countries or on other systems or networks should be aware that they may also be subject to the laws of those other states and countries and the rules and policies of those other systems and networks. Users are responsible for ascertaining, understanding, and complying with the laws, rules, policies, contracts, and licenses applicable to their particular uses.
- Act within the normal standards of professional and personal courtesy and conduct. Access to University electronic mail services, when provided, is a privilege that may be wholly or partially restricted by the University without prior notice and without the consent of the e-mail users when required by and consistent with violations of University polices, regulations and law.
- Use only those computing resources that they are authorized to use and use them only in the manner and to the extent authorized. Ability to access computing resources does not, by itself, imply authorization to do so. Users are responsible for ascertaining what authorizations are necessary and for obtaining them before proceeding. Accounts and passwords may not, under any circumstances, be shared with, or used by, persons other than those to whom they have been assigned by the University.
- Respect the finite capacity of the resources and limit use so as not to consume an unreasonable amount of those resources or to interfere unreasonably with the activity of other users. Although there is no set bandwidth limit or CPU time, uses of University electronic mail may be required to limit resources in accordance with this principle.
- Inspection, monitoring or disclosure of University e-mail records will be at the e-mail holders consent wherever possible. However, if consent cannot be obtained either voluntarily or involuntarily, the request shall be brought before University Counsel.

Specific Provisions

A. Users
Users of University electronic mail services are to be limited primarily to University students, faculty, staff, retirees, and others authorized by the University. Upon normal termination of employment, employees may retain access to the e-mail account for 30 days. Employees terminated by the University will have the e-mail account terminated immediately. Retired employees may request access to the e-mail account as part of the benefit package. Students retain access to an e-mail account as long as they are registered for courses or completed graduation. GVSU retains the right to remove email services at any time.

B. Account Usage
GVSU has the right to restrict the amount of storage space available on the network. If an individual wishes to backup and store e-mail for extended purposes, it is the individual's responsibility to do so.

Users are granted access to services only for so long as they abide by the Computing Conditions of Use policy. No person shall gain use of the University's computer system without proper authorization. Any attempt by a user to gain access to another person's network account, private network drive, or restricted areas on the GVSU computer system is prohibited.

University e-mail services shall not be used to send unsolicited commercial emails and such use may result in your account being disabled.

University e-mail services shall not be used for purposes that could reasonably be expected to cause, directly or indirectly, excessive strain on any computing resources (bandwidth issues), or unwarranted or unsolicited interference with others use of e-mail or e-mail systems. Such uses include, but are not limited to, the use of e-mail services to: (1) send or forward e-mail chain letters; (2) "spam," that is, to exploit listservs or similar broadcast systems for purposes beyond their intended scope to amplify the widespread distribution of unsolicited e-mail; and (3) "letterbomb," that is, to resend the same e-mail repeatedly to one or more recipients to interfere with the recipient's use of e-mail.

C. Representation

Electronic mail users shall not give the impression that they are representing, giving opinions, or otherwise making statements on behalf of the University or any unit of the University unless appropriately authorized (explicitly or implicitly) to do so. Where appropriate, an explicit disclaimer shall be included unless it is clear from the context that the author is not representing the University. An appropriate disclaimer is: "These statements are my own, not those of the Grand Valley State University."

Policy Violations

Violations of University policies governing the use of University electronic mail services may result in restriction of access to University information technology resources. In addition, disciplinary action, up to and including dismissal, may be applicable under other University policies, guidelines, implementing procedures, or collective bargaining agreements.

Violations will normally be handled through the University disciplinary procedures applicable to the relevant user. The University may temporarily suspend or block access to an account, prior to the initiation or completion of such procedures, when it reasonably appears necessary to do so in order to protect the integrity, security, or functionality of University or other computing resources or to protect the University from liability. The University may also refer suspected violations of applicable law to appropriate law enforcement agencies.

Refer to Appendix A. for detail on additional polices and guidelines.

Security and Privacy

The University owns all electronic mail address assigned by the University. The University employs various measures to protect the security of its computing resources and of their users' accounts. Users should be aware, however, that the University couldn't guarantee such security. Users should therefore engage in "safe computing" practices by establishing appropriate access restrictions for their accounts, guarding their passwords, and changing them regularly. Security and privacy of e-mail sent or received outside of GVSU is subject to standards of other organizations and may be more or less restrictive and provide more or less privacy protection.

Users should also be aware that their uses of University computing resources are not completely private. While the University does not routinely monitor individual usage of its computing resources, the normal operation and maintenance of the University's computing resources require the backup and caching of data and communications, the logging of activity, the monitoring of general usage patterns, and other such activities that are necessary for the rendition of service.

The University reserves the right to monitor e-mail records, without notice, when

a. The user has voluntarily made them accessible to the public

b. It reasonably appears necessary to do so to protect the integrity, security, or functionality of University or other computing resources or to protect the University from liability

c. There is reasonable cause to believe that the user has violated, or is violating, this Policy

d. An account appears to be engaged in unusual or unusually excessive activity, as indicated by the monitoring of general activity and usage patterns

e. It is otherwise required or permitted by law

Any such individual monitoring, other than that specified in "a" above, required by law, or necessary to respond to perceived emergency and/or time-sensitive situations, must be authorized in advance by University Counsel and an Executive Officer.

The University, in its discretion, may disclose the results of any such general or individual monitoring, including the contents and records of individual communications, to appropriate University personnel or law enforcement agencies and may use those results in appropriate University disciplinary proceedings.

Normal examination of e-mail headers by the e-mail administrator is standard procedure to resolve problems and redirect incorrect addressed e-mail.

Posting and Authority to Change

Because University policies are subject to change, this list may change from time to time. The authoritative list at any time will be posted under the listings of University policies posted on the World Wide Web. Authority to change this list rests with the Vice Provost of Academic Services and Information Technology acting, where policies affecting faculty are concerned, with the advice of the Academic Senate, where policies affecting students are concerned, with the advice of the Dean of Students, where policies concerning legal matters, with the advice of University Counsel.

APPENDIX A - REFERENCES

The following list identifies additional policies and procedures, which support this Policy: These and other laws both provide privacy protection for e-mail and require the disclosure of e-mail under some circumstances.

- University Policies and Guidelines
  - Human Resources
    - Faculty Handbook
    - Executive, Administrative, Professional Staff Handbook
    - Anti-Harassment Policy
    - Refer to the Human Resources web site for further policies and guidelines
  - Information Technology
    - Computing Conditions of Use
    - Student Computing Account Agreement
    - Student Code

- State of Michigan
  - Michigan Freedom of Information Act
  - Merit Acceptable Use Policy

- Federal Statutes
  - Federal Family Educational Rights and Privacy Act of 1974
  - Federal Privacy Act of 1974
  - Electronic Communications Privacy Act of 1986

EMAIL SIGNATURE BLOCK POLICY

SLT 11.2.1

Date of Last Update:
August 08, 2020

Approved By:

- Senior Leadership Team

Responsible Office:
Office of General Counsel

POLICY STATEMENT

All faculty/staff communications from University email accounts should reflect the University's brand. To keep our brand identity strong and consistent, and to enhance credibility for our faculty and staff who communicate via email, all emails created by University employees and delivered via the University's email system should feature email signature blocks consistent with this policy.

An email signature block is text and other University information appended to the end of an email in order to identify the sender and facilitate further contact. Official University email signature blocks establish credibility for our faculty and staff by clearly identifying them and their roles at the University. The official signature block provides contact information for the employee and points email recipients to the University website, a key source of information about the University.

All emails using a University account should have signature blocks consistent with the University brand. The following items are permissible but not required:

- Employee's name

- Employee's official University title(s)

- Employee's department or office name

- Gender pronouns

- Grand Valley State University

- University's website address, www.gvsu.edu

- Department or Program website

- University or departmental trademarks or logos

- the University's general address or employee's University address

- Employee's department and/or office telephone number, and fax number

- Employee's mobile phone number

- Employee's campus email address

- Social media account addresses used solely for advancing scholarly or professional pursuits

- Other University related information may be added such as departmental mission statement, and a link to University created social media account(s)

- A confidentiality statement is permitted for use below the email signature on all outgoing emails, such as:

> The content of this email is confidential and intended only for the recipient(s) specified. If you received this message by mistake, please reply so the sender can correct the error, and then delete this email immediately. Do NOT forward it to a third party without the written consent of the sender.

Employees may not add to their official email signature block any personal information, including links to personal websites or social media accounts that are not used solely for scholarly or professional pursuits related to their position at the University. Except for messages of and concerning the University no mottos, symbols, quotations, taglines or other statements may be added to the email signature block, as these may be misunderstood as representing the University's official positions, values or views.

All faculty and staff shall comply with this policy by creating an approved email signature block and using it consistently when communicating via their University email accounts. Should there be noncompliance to this policy, the individual's supervisor and/or vice president will enforce compliance through appropriate means.

COMPUTER VIRUS AND MALWARE POLICY

SLT 11.3

Date of Last Update:
September 06, 2016

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

When a device or account connected to the GVSU campus network is compromised by a virus or malicious software, the network is at great risk of harm due to potential damage of university data or disclosure of sensitive information. To preserve the health of the network and the devices connected to it, the infected device must IMMEDIATELY be disconnected and removed or the account blocked from the campus network until Information Technology personnel verify it is no longer compromised. Despite the disruption this may cause to the individual user, the user is required to produce any infected device to Information Technology immediately upon request in order to prevent information disclosure, data file destruction, or exploitation of the compromised account.

Information Technology personnel shall provide their identification and authorization to the device user that authorizes them to remove the afflicted device prior to its removal. For additional verification, you may call the IT Service Desk at 331-2101 and ask for a Level 2 staff member to verify the authorization to pick up a computer. To minimize interruption, Information Technology will take reasonable steps to provide a substitute device for use on the campus network while the user awaits repair of the original device. To report that a device might be infected, contact Information Technology immediately at 331-2101.

VOICEMAIL POLICY

SLT 11.4

Date of Last Update:
February 17, 2026

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

This policy establishes standards for the use and management of voicemail within Zoom Phone system. The goal is to ensure professional, reliable, and secure communication between faculty, staff, students, and external callers. This policy applies to all university employees, contractors, and affiliates who are issued a Zoom Phone line or have access to a university-managed voicemail account.

PROCEDURES

1. Voicemail Setup

- All University-issued Zoom Phone lines have voicemail enabled. Exceptions to this could be shared spaces, conference lines, and work rooms. This is not an exhaustive list.
- Community members are encouraged to record a professional voicemail greeting that includes their name and department, or to use a generated voice created through the built-in tool within Zoom Phone.

2. Message Management

- In addition to accessing voicemail messages and summaries through the Zoom mobile and desktop applications, voicemail transcriptions can also be configured to forward to email. Please note that generated transcriptions may contain errors.
- Voicemails should be deleted once addressed, unless retention is needed for business or compliance purposes.

3. Security and Privacy

- Voicemail content must be managed and protected in alignment with university data privacy and information security policies.
- Forwarding voicemail messages to external, non-University email accounts is prohibited.
- Shared or departmental voicemail boxes must have designated staff responsible for monitoring, responding, and managing messages.

4. Availability

- Departments are encouraged to maintain a shared voicemail box for general inquiries to ensure coverage during absences.

5. Retention

- Voicemail messages are retained on the Zoom Phone system for 30 days by default unless saved by the user.
- Messages requiring long-term retention for business, legal, or compliance reasons must be archived according to university policies.

COMPUTING CONDITIONS OF USE (INFORMATION TECHNOLOGY)

SLT 11.5

Date of Last Update:
October 09, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

As members of the Grand Valley State University community, you have the responsibility to use the university's Information Technology resources in an effective, ethical, and legal manner. Ethical and legal standards that apply to information technology resources derive directly from standards of common sense and decency that apply to the use of any shared resource. Grand Valley depends first upon the spirit of mutual respect and cooperation that has been fostered at the university to resolve differences and ameliorate problems. The purpose of the statement is to promote the responsible, ethical, legal, and secure use of Grand Valley's Information Technology resources, including access to the Internet, for the protection of all users.

PROCEDURES

The following guidelines will be applied to determine appropriate use of Services:

1. Accounts granted are intended solely for the use of the person the account was issued and shall not be shared.
2. To respect the privacy of other users. Users shall not intentionally seek information on, obtain copies of, or modify files, or passwords belonging to other users or the University, or represent others, unless explicitly authorized to do so by those users.
3. To respect the legal protection provided by copyright and licensing of programs, data, photographs, music, written documents and other material as provided by law.
4. To respect the intended usage of accounts and authorization for specified purposes only.
5. To respect the integrity of the system or network. One shall not intentionally develop or use programs, transactions, data, or processes that harass other users or infiltrate the system or damage or alter the software or data components of a system.
6. To adhere to all general university policies and procedures including, but not limited to, policies on proper use of information resources, information technology, and networks; acquisition, use, and disposal of University-owned computer equipment; use of telecommunications equipment; ethical and legal use of software; and ethical and legal use of administrative data.
7. Using university technology resources for commercial use is strictly prohibited. Such resources are to be solely used in conjunction with doing business for GVSU or purposes directly related to academic work.
8. To refrain from unauthorized use of network Services which significantly hampers other GVSU constituents network access.
9. Unauthorized use of GVSU networks and/or computers for non-academic purposes is prohibited, including revenue generating advertising and promotion of business not related to GVSU.
10. Network connections in Student Housing are intended strictly for client access to GVSU and Internet resources. Residents are not permitted to offer services to other computers, either external or internal, within the GVSU Housing Network. External requests for services destined to the GVSU Housing Network are not permitted. Information Technology reserves the right to disable network connections within the GVSU Housing Network if complaints are received and it is verified that a computer is offering an internal service.
11. The Computer Science and Engineering departments have dedicated networks that can be used for servers that need to offer services to other computers for educational purposes; in this case the department is responsible for monitoring and approving the services that are offered as well as verifying that the computers have been patched and secured against known Internet attacks.
12. All users of Grand Valley's e-mail accounts are expected to adhere to the Electronic Mail Policy
13. All users of Grand Valley's external network connections (i.e., Merit and NSFNET) shall comply with the evolving "Acceptable Use" policies established by the external networks' governing bodies.

- Merit Acceptable Use Policy
- The NSFNET Backbone Services Acceptable Use Policy

The intent of this policy is to identify certain types of uses that are not appropriate. Using the guidelines given above, GVSU may at any time make a determination that a particular use is not appropriate.

GVSU will not monitor or judge the content of information transmitted via the Services, but will investigate complaints of possible inappropriate use. In the course of investigating complaints, GVSU staff will attempt to preserve the individual's privacy. GVSU is subject to the Freedom of Information Act and may be required to supply personal computing information.

DIGITAL MEDIA POLICY

SLT 11.6

Date of Last Update:
September 18, 2023

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Technology provides multiple avenues for creating, collecting and distributing information. The ease of access to this information does not preclude the responsibility of understanding the legal issues involved in intellectual property.

PROCEDURES

Copyright law protects all material unless placed in the public domain, electronic and digital media included. Owners of copyrights hold exclusive right to the reproduction and distribution of their material.

Unauthorized use and distribution of copyrighted material is illegal. Legal action against the individual as well as the university may occur, this includes all audio and video files.

The Digital Millennium Copyright Act (DMCA) of 1998 provides recourse for copyright owners who believe that their rights have been infringed by unauthorized use of their protected works at an online location. Copyright owners may contact the service provider to request that the infringing material be removed or access blocked. Grand Valley State University's designated DMCA agent is:

Luke DeMott
Assistant Vice President & Chief Information Security Officer (CISO)
Information Technology
4490g Kindschi Hall of Science (KHS)
1 Campus Drive, Allendale, MI 49401
Office: (616)331-2035

For More Information on the DMCA and other copyright issues see, www.copyright.gov

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CONFIDENTIALITY, DATA & SECURITY POLICY

SLT 11.7

Date of Last Update:
December 08, 2014

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Grand Valley State University regards security and confidentiality of data and information to be of utmost importance. As such, individuals employed by the University must follow the procedures outlined below.

PROCEDURES

Confidentiality of Data

Each individual granted access to data and information holds a position of trust and must preserve the security and confidentiality of the information that is used. Individuals are required to abide by all applicable Federal and State guidelines and University policies regarding confidentiality of data including, but not limited to, the Family Education Rights and Privacy Act (FERPA). FERPA protects student information and may not be released without proper authorization. Requests for information/documents should be referred to the Registrar's Office or the Legal, Compliance & Risk Management Office.

Individuals with authorized access to Grand Valley State University's computer resources, information system, records or files are given access to use the University's data or files solely for the business of the University. Specifically, individuals should:

a. Access data solely in order to perform the employee's job responsibilities.

b. Not seek personal benefit or permit others to benefit personally from any data that has come to them through their work assignments.

c. Not release University data other than what is required in completion of job responsibilities.

d. Not exhibit or divulge the content of any record, file or information system to any person except as it is related to the completion of their job responsibilities.

Additionally, individuals are not permitted to operate or request others to operate any University data equipment for personal business, to make unauthorized copies of University software or related documentation, or use such equipment for any reason not specifically required by the individual's job description.

It is the individual's responsibility to report immediately to his/her supervisor any violation of this policy or any other action, which violates confidentiality of data.

Security Measures and Procedures

Some individuals employed by the University are supplied with a network account to access the data necessary for the completion of their job responsibilities. Users of the University information systems are required to follow the procedures outlined below:

1. Storage of student or staff confidential data on local storage media (Laptops, Desktops, CDs, Thumb drives, etc) without proper data encryption is strictly prohibited. Please contact Information Technology to discuss secure options if confidential data must be transported outside of the secure network.
2. All transactions, processed by a user ID and password, are the responsibility of the person to whom the user ID was assigned. The user's ID and password must remain confidential and must not be shared with anyone.
3. Access to any faculty or staff account may be granted by the faculty/staff member and/or the direct supervisor for specific job requirements. You are prohibited from viewing or accessing additional information (in any format). Any access obtained without written authorization is considered unauthorized access.
4. Passwords should be changed periodically or if there is reason to believe they have been compromised or revealed inadvertently.
5. Upon termination or transfer of an individual, Information Technology will immediately remove access to GVSU data. The email account may stay active for a period of up to 30 days.

Access to University data and information is for the sole purpose of carrying out job responsibilities. Breach of confidentiality, including aiding, abetting, or acting in conspiracy with any other person to violate any part of this policy or FERPA policy, may result in sanctions, civil or criminal prosecution and penalties, loss of employment and/or University disciplinary action, and could lead to dismissal, suspension, or revocation of all access privileges.

FACULTY/STAFF ABUSE OF TECHNOLOGY

SLT 11.8

Date of Last Update:
April 19, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Information Technology has two primary policies in place that deal with technology resources:

Conditions of Use: As members of the Grand Valley State University community, all users have the responsibility to use the university's information technology resources in an effective, ethical, and legal manner. This document outlines these responsibilities.

E-Mail Policy: This Policy clarifies the applicability of law and of other University policies to electronic mail. It also defines new policy and procedures where existing policies do not specifically address issues particular to the use of electronic mail.

The policies and procedures to deal with abuse of technology resources for faculty and staff are outlined below.

- Level I - Complaint
  - Complaints may be received from an internal or external GVSU constituent
  - Upon verification of abuse by an Information Technology staff member, the information is communicated to either the Vice Provost and Dean of Academic Services or the Director of Information Technology
  - Upon review from the Vice Provost and Dean of Academic Services and/or the Director of Information Technology, the complaint is further acted upon or discarded.

- Level II - Contact/Action for First Offenders
  - The individual who has abused the technology privileges is contacted by phone by a designated IT staff member under the direction of the Vice Provost and Dean of Academic Services and/or the Director of Information Technology
    - If the individual cannot be reached, an attempt to reach them via the secretary, Chair or Dean is pursued until the individual is contacted.
  - The individual is apprised of their abuse and asked to refrain from continuing the infringement. If email related, the individual will be required to retract the offending message.
  - The individual will be sent a notification from IT via email of the abuse infraction and asked to return the email with their understanding and intent to comply via the policy.
  - The email notification/compliance will be kept on file.
- Level III - Contact/Action for Second Offenders
  - The individual account will be suspended immediately (disable ability to send/receive messages).
  - The individual who has abused the technology privileges is contacted by phone by a designated IT staff member under the direction of the Vice Provost and Dean of Academic Services and/or the Director of Information Technology
    - If the individual cannot be reached, an attempt to reach them via the secretary, Chair or Dean is pursued until the individual is contacted.
  - The individual Dean or manager is contacted concerning the repeated abuse.
  - The individual is apprised of their abuse and asked to refrain from continuing the infringement.
  - The individual account will be re-activated upon contact and compliance of the policy.
  - If email abuse, the individual will be required to retract the offending message.
  - The individual will be sent a notification via email of the abuse infraction and asked to return the email with their understanding and intent to comply via the policy and that they will lose account privileges completely upon the third offense.
  - The individuals Dean or manager will be sent a notification via email of the abuse infraction and asked to return the email with their understanding that the individual will lose account privileges completely upon the third offense.
  - The email notification/compliance will be kept on file from both the individual and the Dean or manager.

- Level IV - Contact/Action for Third Offenders
  - The individual account privileges will be suspended immediately, which consist of email and network privileges.
  - The individual who has abused the technology privileges is contacted by phone by a designated IT staff member under the direction of the Vice Provost and Dean of Academic Services and/or the Director of Information Technology
    - If the individual cannot be reached, an attempt to reach them via the secretary, Chair or Dean is pursued until the individual is contacted. The individual Dean or manager is contacted

concerning the repeated abuse.

- The HRO office is contacted concerning the repeated abuse.
- The individual is apprised of their abuse and told that their privileges have been revoked.
- The individual Dean or manager must contact the Vice Provost and Dean of Academic Services or the Director of Information Technology to discuss possible reinstatement of privileges.
- Upon further review with the Provost (for faculty issues) and the HRO office (for staff issues), the determination to re-instate the technology privileges will be determined.
- The decision will be kept on file.

- Overriding Issues
  - If at any time, the technology resources that have been abused are in jeopardy of causing mass problems for GVSU constituents or the network/files have been compromised, the Vice Provost and Dean of Academic Services or the Director of Information Technology may choose to immediately suspend the individual account to ensure the integrity and continuation of services for the rest of the constituents.
  - Upon a decision of this nature, the situation will be brought to the Provost, HRO, appropriate Dean or manager as quickly as possible to remedy the issue at hand.

PROCEDURES

PUBLIC FOLDER POLICY

SLT 11.10

Date of Last Update:
April 19, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

GVSU provide public folders to allow postings from any Outlook user on events, announcements, information of interest and a method to buy/sell articles.

PROCEDURES

Guidelines for consistent and proper use

- Messages posted to the business related public folders should pertain to GVSU sponsored programs, events, or activities.
  - Messages intended for private business or personal profit shall not be posted
  - Commercial message and advertisements for non-GVSU entities shall not be posted
- Messages posted to the Barter Board specifically may refer to personal items for sale or items wanted to buy.
  - Messages intended for private business are not allowed
  - Commercial messages and advertisements for items for sale or services offered are prohibited, including home businesses.
  - Complaints relative to purchases of items advertised should be conducted privately •
- Additionally, messages posted to these public folders board must respect the rights of other users; for example, they must comply with all University policies regarding sexual, racial, and other forms of harassment, and shall not divulge personal data concerning faculty, staff, or students without explicit authorization to do so.

Message life span:

- Any message posted here should be deleted by the author as soon as its purpose has been resolved
- Messages will be deleted automatically after 7 days.

SECURE OFFICE PROCEDURE

SLT 11.11

Date of Last Update:
April 19, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

It is the responsibility of all employees of the University to protect sensitive data against loss or theft. Awareness, education and practice of the following procedures can assist in this matter. These procedures are in place to help protect employees, customers, contractors and the university from damages related to the loss or misuse of sensitive information.

This document refers to securing sensitive data and physical hardware within an office environment or mobile environment where data may be referenced (at home or on a laptop). It is not meant to address electronic data stored on university servers.

PROCEDURES

Goals

In order to effectively protect and secure university data, the following goals have been established:

a) Create, distribute and annually review the “Secure Office Procedure” document
b) Train all staff members whose jobs relate to sensitive data on both the “Secure Office Procedure” and Information Security Best Practices
c) Train departmental managers to be aware of the importance of the procedures and the need to enforce them

Staff Training

Employee awareness and education is an integral part of securing sensitive data for the university. The following procedures will be enforced to ensure proper training:

a) Upon hire, the Secure Office Procedure and Setting Strong Password documents are emailed to the new employee Secure Office Procedures Page 2 of 4
b) Secure Office Procedure and Setting Strong Password documents are sent annually to all employees via email
c) Internal training, specific to each area, will be provided to employees who have access to sensitive data
d) Information Technology will provide Best Practices information at IT seminars and offer to attend annual departmental meetings to cover the below topics:

i. Awareness of Social Engineering schemes

ii. Secure Office Procedures

iii. Strong Password creation

iv. Data storage

v. Data encryption

vi. Backups

vii. Anti-virus and Anti-spyware tools

viii. Non-secure technologies

GENERAL OFFICE SECURITY PRACTICES

The following procedures should be followed within office suites, individual offices or workrooms and mobile locations where data may be referenced:

a) Keys or keycards used for access to sensitive data should not be left unattended
b) Passwords should not be shared or written down and left in accessible locations
c) If you have a student that will regularly be using your machine, contact the IT Service Desk and request a staff account for that student. (Do NOT give out your password)
d) Make certain passwords aren't common information such as date of birth, names of children, pets, telephone numbers, etc.
e) When you leave your workstation, lock your computer screen
f) Lock up laptops, USB drives, external drives, etc. when unsupervised
g) Contact the IT Service Desk when a computer is to be passed to a new user. IT will clean the computer, removing previous data and place a clean image on the machine.
h) Printouts containing sensitive data should be removed from networked printers immediately and filed appropriately in secure cabinets
i) Dispose of sensitive data on hard copy by shredding immediately
j) Departmental front desk staff should confirm identity of all visitors (GVSU staff/student workers or non-GVSU employees) who are entering their area(s)

i. Employees should feel comfortable requesting what unit someone is from and the purpose of their visit

ii. Employees should feel comfortable confirming meeting prior to allowing staff member/student employee to proceed within their departmental areas

iii. Confirm with the GVSU employee they are scheduled to meet

iv. Non-GVSU employees must be escorted to/from meeting area/work area

v. Request ID if necessary

vi. Provide front office staff the ability to view your calendar or print a schedule of your meetings in advance so they will expect attendees

k) All staff should be responsible to watch for or listen to any unusual activity and to be cognizant of their surroundings.

Sensitive Information

Sensitive data can be distributed via hard copy or electronic means within an office. When given the choice, store data electronically versus printing a hard copy. Consider scanning a document to store it electronically versus hard copy.

a) “Sensitive information” includes but is not limited to the following items, whether stored in electronic or printed format:

i. All FERPA protected data*

ii. Credit card number (in part or in whole)

iii. Credit card expiration date

iv. Cardholder name

v. Cardholder address

vi. Social Security Number

vii. Business Identification Number

viii. Employer Identification Number

ix. Paychecks

x. Paystubs

xi. Benefit information

xii. Giving information/history

xiii. Health information

xiv. Content of external grants or contracts

b) Securing hard copy sensitive data:

i. Lock cabinets containing sensitive data when not in use or when away for extended periods of time

ii. Storage rooms containing sensitive data should be locked at the end of the day or when unsupervised

iii. Desks, workstations, common work areas, printers, and fax machines should be cleared of all sensitive data when not in use

iv. Whiteboards, dry erase boards, writing tablets, etc. should be erased, removed or shredded when not in use

v. Documents to be shredded should be done so immediately or locked up until shredding can occur

vi. At the end of the day, all sensitive data should be in a locked drawer or cabinet

c) Securing electronic sensitive data. Please contact Information Technology if there are questions in how you are storing/sharing sensitive data electronically.

i. Refrain, when possible from storing sensitive data on your personal computer hard drive or any external personal devices. Instead use the network drive space.

ii. If storing sensitive data is required on your personal computer hard drive or an external device, encryption and password protection should be applied

iii. Engage the screensaver when workspace is unoccupied

iv. Computer workstations should be shut down completely at end of work day

v. Lock laptop or external devices containing sensitive data when not in use

vi. Make certain data and/or PC work station screens are not visible to the public (e.g.- near windows, entry/exit doors, etc.)

vii. If email is used to share sensitive data, encryption and/or password protection should be used. The following statement should accompany the body of the email:
“This message may contain confidential and/or proprietary information and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.”

*See information regarding FERPA data at www.gvsu.edu/registrar and click on FERPA

SOFTWARE SUPPORT POLICY

SLT 11.12

Date of Last Update:
April 19, 2015

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY STATEMENT

Information Technology is responsible for providing software support to the campus community. IT resources are finite. Therefore, reasonable limits must be identified regarding the number and variety of software products supported by IT. This policy is intended to define those limits.

PROCEDURES

The software industry is characterized by constant change. Therefore, it is unreasonable to establish a single, static list of supported software. It is equally unreasonable to force the campus community to change software on a frequent basis.

Information Technology will provide support for the most recent operating systems for Windows and Macintosh platforms as well as one version back.

Standard software applications issued with a university computer will be supported in the most recent version and one version back unless compatibility issues arise.

Institutional ownership of a site license does not imply IT support for all products covered by the license. Software provided in labs and classrooms outside of the standard applications listed above are not supported by Information Technology. Software assistance is required through the vendor providing the application.

TECHNOLOGY ACQUISITION POLICY

SLT 11.14

Date of Last Update:
September 09, 2022

Approved By:

- Senior Leadership Team

Responsible Office:
Information Technology

POLICY

The purpose of this policy is to establish standards, guidelines, and procedures for the purchase and/or lease of all information technology hardware, software, and computer-related components, as well as the contracting for all technical services. This policy will ensure that all Grand Valley State University purchases and leases align with strategic priorities; existing technical infrastructure, assets, and standards; information security guidelines; legal and regulatory compliance; optimal use of institutional funds and resources; and must still comply with general university procurement procedures and policies.

This policy applies to all who access the institution's information technology resources and services, including administrators, faculty, employees, students, contractors, and vendors.
This policy covers all information technology hardware, software, and computer-related components purchased and/or leased with Grand Valley State University funds. Specifically, this policy includes, but is not limited to, the following Grand Valley State University technology resources:

- Endpoint hardware such as desktops, laptops, tablets, printers, and mobile devices.
- Devices connected to GVSU's network infrastructure, wired or wireless.
- Enterprise audio-visual equipment for offices, classrooms, and/or conference rooms.
- Applications or endpoints intended for use in labs and/or classrooms.
- Enterprise infrastructure including servers, switches, research machines, and storage devices.
- Software, services, and applications including those provided by an external party.
- Systems/services that consume, create, or update University data including those that allow access using University accounts.

This policy extends to technical services, such as off-site disaster recovery solutions and Internet Service Providers (ISPs), as well as professional services, such as consultants and legal professionals hired through the Information Technology Division. These include, but are not limited to, the following:

- Professionals or firms contracted for IT services
- Technical training services
- Co-location services
- Disaster recovery services
- Data network services

All hardware, software, or components purchased and/or leased with Grand Valley State University funds are the property of Grand Valley State University. This includes items purchased through grants and professional development funds.

POLICY STATEMENT

1. The Information Technology Division is responsible for acquiring and/or approving all hardware and software products purchased and/or leased with university funds. Through normal operational means, the Information Technology Division replaces certain hardware on a regular basis and maintains a software library containing products that meet most needs. The purpose of this policy is to define the process by which additional hardware and software products are reviewed, purchased/leased, and maintained, with respect to data security, operational integrity, and long-term sustainability. The Information Technology Division will neither install nor support hardware or software that has not been approved in advance of purchase and/or lease. The Information Technology Division can assist in determining if the University already owns hardware and software that meets departmental needs.

2. All technology purchases and/or leases that either A) exceed $500 per unit or $1000 total or B) include computers, laptops, network-connected devices, local or cloud-based storage, tablets, peripherals, phones, printers, copiers, software that consumes/transmits/stores GVSU data, or service contracts must first be submitted to the Information Technology Division*. In addition to IT approval, funding must also be approved by a department head (or designee) prior to procurement.

   * IT review will begin within two business days. All technology acquisitions must be completed through standard purchasing and procurement processes; personally funded technology purchases for Grand Valley State University business needs may not be reimbursed.

3. A standard items list will be maintained containing Grand Valley State University's pre-approved technology devices, applications, services, and products. Standard items have been proven to be supportable by the Information Technology Division, compatible with university-supported systems, and cost-effective. Selected vendors have been vetted for optimal pricing and support. Departments should use this list as a source for products and services. Suggested vendors can be evaluated.

4. A requested item already in inventory, will be made available to the requestor. Requests for standard items not in inventory will be processed according to this policy statement and in alignment with standard purchasing procedures.

5. If approved, a formal selection process will be initiated that will involve a thorough vendor sourcing, per the University's Procurement Policy.

   - The selection process may vary depending on the type, cost, and other purchase significance factors.
   - Individuals requesting non-standard items for purchase and/or lease can suggest a potential vendor if a pre-existing relationship exists between that vendor and Grand Valley State University or use the procurement CO-OP that has pre-vetted certain vendors/products.

6. For the purchase of cellular phones and wireless service provider contracts, please see the University Cellular Phone and Wireless Communication Policy.

7. See the University Procurement Policy for additional purchasing guidelines.

8. All purchased technologies must comply with the Confidentiality, Data & Security Policy.

PROCEDURES

1. Supported hardware and software request procedure
   a. Review the list of standard items and confirm whether the request can be fulfilled from the university's preferred list of items.
   b. Contact information technology for a quote and availability.

c. Complete the technology requisition form.

2. Non-supported hardware and software need to have additional approvals.
   a. Submit an IT service portal ticket for review.
   b. IT review will begin within two business days.
   c. The decision will be communicated in writing to the requestor.
   d. Requests whose implementation or deployment are complex, costly, and/or highly visible will be converted into project requests for further consideration.

Non-Compliance

Non-compliant technology acquisitions will not be supported by the Information Technology Division. Hardware and devices purchased outside this acquisition policy will not be permitted to connect to the GVSU network. Additionally, GVSU data is not permitted to be collected or stored through software or storage purchased outside this acquisition policy. Repeated violations of this policy will result in notification to Appointing Officers and GVSU Business and Finance for further review and action.