OCC – Policy/Procedure Review Form	Office of the City Clerk

Policy/Procedure Information — SECTION 1

Policy Number_____ Policy Name_____

Policy Owner (Name and Position)_____

Policy Supported by: ☐ Procedures ☐ Legislation

Date of Initial Policy Approval by Council_____ Date of Last Update_____

Date of Last Review_____

Policy/Procedure Review — SECTION 2

Are the policy and/or procedures achieving their purpose and outcomes?	◯ Yes	◯ No
Have there been any deviations from the policy/procedures since the last review/approval?	◯ Yes	◯ No
Are there areas of ambiguity when interpreting the policy/procedures?	◯ Yes	◯ No
Have there been any legislative changes (municipal, provincial, federal) since the last review which impact the subject area?	◯ Yes	◯ No

Please provide details for any items listed as “No” above:

Recommendation — SECTION 3

Recommendation:

◯ No updates required ◯ Update policy only ◯ Update procedures only

◯ Update policy and procedures

Rationale:

Manager

Name_____ Signature_____ Date_____

Policy Analyst

Name_____ Signature_____ Date_____