



Policy Suspension Request

I. POLICY INFORMATION

- a) Policy Name: _____ Policy Code: _____
- b) Policy Category: Presidential Functional
- c) Policy Owner: _____
- d) Date of Request: _____

II. PURPOSE/REASON

EX: This policy needs to be suspended since is no longer relevant and can not be followed with the prescribed processes and technology.

III. TIMEFRAME

EX: New policy is already in the approval process, should be finalized in about 6 weeks.

IV. INTERM PROCEDURE

EX: This policy is suspended effective _____ while the replacement new policy is under development. For related questions in the interim, please contact IS&T Billing at (732) 743-2550.

V. ENDORSEMENTS FROM IMPACTED AREAS

Department, Name/Title	Signature	Date

VI APPROVAL BY OWNER

Name/Title	Signature	Date
Denise Romano, Chief Information Officer		

VII APPROVAL BY LEGAL MANAGEENT

Suspension approved for 90 days beginning _____ and, ending _____.

Name/Title	Signature	Date