

Governance and Administration Policy and Procedure Handbook 2024-2025

*Approved by the Virginia Wesleyan University Board of Trustees
August 15, 2024*

The Board of Trustees at Virginia Wesleyan University is responsible for upholding the mission, ensuring financial sustainability and compliance, appointing and evaluating the President, and approving key strategic initiatives. The President and senior administrators implement the Board's decisions and manage the university's operations within accrediting standards and legal requirements.

The By-Laws of Virginia Wesleyan University can be found online at [bylaws.pdf \(vwsu.edu\)](https://vwsu.edu/bylaws.pdf). The Decision Matrix of the University is included as an appendix to the bylaws and to this handbook.

Policy dictates that **the Officers of Virginia Wesleyan University** are

President of the University and Chief Executive Officer
Chief Academic Officer
Chief Financial Officer
Chief Student Affairs Officer
Chief Advancement Officer
Chief Lifelong Learning Officer
Chief Enrollment Officer

Specific titles may vary at the discretion of the President of the University. For the purpose of Virginia Wesleyan University policy documents, the Chief Academic Officer is the Provost and Vice President for Academic Affairs; the Chief Financial Officer is the Vice President for Finance; the Chief Student Affairs Officer is the Senior Vice President; the Chief Advancement Officer is the Chief of Staff/ Vice President for Strategic Initiatives; the Chief Lifelong Learning Officer is the Vice President for VWU Global Campus; and the Chief Enrollment Officer is the Vice President for Enrollment. Titles for these positions may change at the discretion of the President of the University.

With appreciation to the late Dr. Thomas Emmet of Higher Education Executive Associates for his guidance in adopting higher education best practices of leading colleges and universities, some of which are contained in this document.

This document was comprehensively reviewed in 2024, led by Kelly Cordova, Chief of Staff/ Vice President for Strategic Initiatives, and facilitated by Stevens Strategy of Newport, New Hampshire.

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ABOUT VIRGINIA WESLEYAN UNIVERSITY

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HUMAN RESOURCE POLICIES

EMPLOYMENT STATUS

HR 1.1 Employee Classification

	Policy Title: Employee Classification Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.1
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Employee Classification

Purpose

The purpose of this policy is to identify and define the employee and Fair Labor Standards Act exemption status categories for Virginia Wesleyan University employee positions.

Scope/Applicability

All University employees.

Definitions/Key Terms

Employee: one who is paid a salary or wage directly by the University.

Fair Labor Standards Act (FLSA): a federal law governing minimum wage, overtime pay, child labor and record keeping requirements.

Independent Contractor or Consultant: if the worker is not an employee and meets the Internal Revenue Service (IRS) criteria, the worker is an independent contractor or consultant.

Position profile: a written description that documents the responsibilities, skills, competencies, essential functions, FLSA status, and duties associated with an employee's position and defines the qualifications and requirements to perform those duties.

Introductory Period: the initial period of employment, during which both the staff employee and supervisor carefully consider whether the employee is willing and/or able to meet the standards and expectations of the position and if the employee should be retained by the University as a regular employee.

Regular Employee(s): University employees who are hired with the expectation of continued employment and, in the case of non-exempt employees, have successfully completed the Introductory Period.

Policy

It is the policy of Virginia Wesleyan University to classify all employees for purposes of employee benefits, as well for wage and hour requirements in compliance with the Federal Fair Labor Standards Act (FLSA).

Employment Classifications

Consistent with state and federal law, Virginia Wesleyan University recognizes the following classifications for its full year and part year employees:

EXEMPT: Employees who meet the executive, administrative, or professional exemption tests set forth under the Federal Fair Labor Standards Act and, as such, are not eligible to receive overtime compensation if additional working hours are needed to complete their assignments.

NON-EXEMPT: Employees eligible to receive overtime compensation consistent with the terms of the Fair Labor Standards Act.

It is the responsibility of the Human Resources office to determine whether a given position meets the test for a professional, administrative, or executive exemption under the Fair Labor Standards Act. This determination is to be based upon the requirements set forth in the position profile.

All exempt and non-exempt positions are classified by Human Resources in the following manner:

REGULAR, FULL TIME: Regularly scheduled to work thirty (30) to forty (40) hours per week.

REGULAR, PART TIME: Regularly scheduled to work twenty (20) to twenty-nine (29) hours per week.

REGULAR, CASUAL: Regularly scheduled to work less than twenty (20) hours per week.

Under the Patient Protection and Affordable Care Act (PPACA), all Part-time benefit ineligible staff employees who work less than 30 hours per week shall record and report all hours worked to determine health benefits eligibility. For faculty assigned a part-time or per-course teaching load, Human Resources will use a formula that applies a ratio of work hours to credit hours taught to determine whether a part-time faculty member is eligible for health benefits. The ratio the University will use is 2.25 hours of credit for each credit hour taught. This crediting method takes into account time for preparation, teaching, grading, and similar activities needed to teach a course. Faculty assigned a part-time or per-course teaching load will teach no more than 12 credit hours per semester.

Independent Contractors

An individual or firm engaged in an established business, trade or profession who provides services to the University under terms and conditions substantially under their own control and direction are, under certain circumstances, not considered employees, but independent


contractors. All determinations on whether or not an individual should be considered an independent contractor are made in accordance with HR 1.6 Independent Contractors and Consultants. These decisions are based upon standards established by the Internal Revenue Service and have significant tax implications for the University and affected individuals. Such services may be retained by a purchase requisition on a fee-for-service basis, by contract, or by documented agreement.

Related Policies

HR 1.6 Independent Contractors and Consultants

HR 5.1 Payroll Policies

HR 1.2 Employment at Will

	Policy Title: Employment at Will Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.2
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Employment at Will

I. Purpose

The purpose of this policy is to define the parameters of and confirm the at-will nature of employment at Virginia Wesleyan University.

II. Scope/Applicability

All University employees not employed pursuant to a written employment contract.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Unless otherwise agreed to in a written contract signed by the President or the President's designee, employees of Virginia Wesleyan University are employed at the will of the University and are subject to termination at any time, for any reason, with or without cause or notice. At the same time, such employees may terminate their employment at any time and for any reason. Members of senior administration are required to give ninety (90) days written notice of intent to resign. All other exempt employees not employed pursuant to a written employment contract are required to give thirty (30) days written notice of intent to resign. Non-exempt employees are required to give fourteen (14) days written notice of intent to resign. Not fulfilling this notice will result in the employee being ineligible for rehire, and the University reserves the right to withhold the payment of 50% of accrued APL.

Completion of an introductory period of employment, or conferral of regular status, does not change an employee's status as an employee-at-will or in any way restrict the right of the University to terminate such an employee or change the terms or conditions of employment.

The University retains the right to exercise all managerial functions including, but not limited to, the right to:

1. Dismiss, assign, supervise, and discipline staff employees.
2. Determine and change work schedules.
3. Transfer employees within and/or between departments.
4. Determine/change the size and qualifications of the workforce.


5. Assign duties to employees in accordance with the needs and requirements of the University and to carry out all ordinary administrative and management functions.

V. Related Policies

HR 1.1 Employee Classification

HR 1.3 Introductory Period

HR 1.3 Introductory Period

	Policy Title: Introductory Period Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.3
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Introductory Period

I. Purpose

The purpose of this policy is to provide an opportunity for both new, transferred, and promoted full- and part-time staff employees and their supervisor(s) to assess how well the employment relationship is working.

II. Scope/Applicability

All University staff employees.

III. Definitions/Key Terms

Introductory Period: the initial period of employment, during which both the staff employee and supervisor carefully consider whether the employee is willing and/or able to meet the standards and expectations of the job and if the employee should be retained by the University as a regular staff employee.

IV. Policy

The first 90 days of employment for a full- and regular part-time staff employee is considered an introductory period. This period is to acquaint the staff employee with the University and the assigned job and may be extended at the discretion of the University. During the introductory period, the staff employee's employment may be terminated at the will of either the employee or the University on notice to the other for any reason or for no reason.


If the employee successfully completes the introductory period, the employee will be reclassified as a regular employee. Completion of the introductory period does not alter the staff employee's employment at-will status or create any contract of employment. The University at its discretion may extend the Introductory Period and if it does, it will notify the employee of the extension.

A new introductory period commences when a regular staff employee transfers or is promoted to a different position, unless otherwise determined by the supervisor in consultation with Human Resources. Should a regular staff employee not satisfactorily meet job expectations, the supervisor must confer with Human Resources regarding a course of action. This does not apply to a reclassification of an existing position. Former regular staff employees who are rehired at the University after a separation of over 90 days must complete a new introductory period.

V. Related Policies

HR 1.1 Employee Classification
HR 4.4 Staff Promotion and Transfer

HR 1.4 Position Profiles and Reclassifications

	Policy Title: Position Profiles and Reclassifications Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.4
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Position Profiles and Reclassifications

I. Purpose

The purpose of this policy is to establish a standardized process for documenting the roles and responsibilities of employment positions within the University.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Position Profiles: a description that documents the responsibilities, skills, competencies, essential functions, and duties associated with an employee's position and defines the qualifications and requirements to perform those duties.

IV. Policy

The purpose of a position profile is to clarify a position's responsibilities and duties and define the qualifications and requirements for performing those duties. Position profiles are important and useful tools for recruitment, employee orientation and training, performance evaluation, and salary administration. It is important to ensure position profiles are current and accurate.

To ensure complete and consistent information, position profiles will typically include the following information:

- Title of position.
- Department.
- Reporting relationships.
- Supervisory responsibilities.
- Job qualifications and requirements.
- Essential job functions.

Human Resources must approve all position profiles. New employees' responsibilities should be discussed with them by their supervisor during the first week of employment to clarify expected performance. Employees should periodically review their position profile for accuracy and are encouraged to consult with their supervisor whenever they believe that it should be redefined.


Position Profile Change/Reclassification

In the event of significant changes to the employee's responsibilities that will be ongoing, a change may be made to the employee's position profile or classification. Requests for changes should be submitted directly to Human Resources through the employee's area vice president. Human Resources will review all requests based upon analysis of the changes in duties and responsibilities of the position, update the position profile, and determine if a re-classification is warranted.

V. Related Policies

HR 1.1 Employee Classification

HR 1.5 Volunteers

	Policy Title: Volunteers Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.5
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Volunteers

I. Purpose

The purpose of this policy is to provide guidance for the engagement of volunteers by University departments.

II. Scope/Applicability

All departments seeking to engage a volunteer to provide assistance on the University's behalf.

III. Definitions/Key Terms

Volunteer(s): means any uncompensated individual who is authorized by a University department, division, or unit to perform humanitarian, charitable or public services on behalf of the University, or to gain personal or professional experience in specific endeavors. By definition, volunteers perform services without promise, expectation or receipt of any compensation, future employment or any other tangible benefit.

IV. Policy

University departments may engage volunteers to accomplish certain work. Volunteer services must be properly authorized by the area vice president and Human Resources. Qualifications, background, and suitability of the individual must be considered by the department before offering an opportunity to a volunteer.

Responsibilities and Rights of Volunteers

Volunteers must comply with University and department policies and procedures, as well as legal requirements that govern their actions. Department heads are responsible for making certain volunteers comply with all applicable policies, procedures, laws, and regulations.

Volunteers are not covered by the Fair Labor Standard Act and therefore are not considered employees for any purpose. As such, they are not eligible for compensation or benefits.

Eligibility

Anyone, including retirees, students, alumni, or others, may provide volunteer services to the University with the following restrictions:

- Individuals under the age of fifteen may not become volunteers.
- An individual under the age of eighteen must obtain parental or guardian consent to volunteer.
- A current non-exempt employee may not become a volunteer at the University in any capacity in which the employee is presently employed at the University, or which is essentially similar to or related to the individual's regular work at the University. A current non-exempt employee may only volunteer for special events (i.e., fundraisers, etc.) upon approval of the appropriate area vice president.
- Any individual listed on a registry that is part of the University's criminal record check or who has been convicted of an offense for which they must register as a sex or violent offender may not serve as a volunteer.
- Under federal law, individuals holding F-2, J-2 and H-4 visa statuses are prohibited from volunteering in the same departments and on similar projects as paid employees. Individuals holding B-1 or B-2 visas are prohibited from volunteering in any capacity at the University.

Selection and Assignment

When selecting and engaging a volunteer, it is the department's responsibility to be certain the individual has adequate experience, qualifications, and training for the assigned task(s). The following procedures are required to engage a Volunteer:


- Departments desiring to engage volunteers must complete a description of the duties and services to be performed by the volunteer and obtain approval from the appropriate area vice president.
- Each potential volunteer assigned to a vulnerable population program or providing regular volunteer duties to the University must satisfactorily complete a criminal record check (see HR 2.4 Pre-Employment Background Investigations).
- Each volunteer must complete a waiver of liability form. The completed form is then forwarded to Human Resources.
- Any required training must be completed for all volunteers prior to their beginning service.
- If the individual is a returning volunteer but the break in their service is greater than one year, all applicable forms, criminal record checks, and processes described above must be completed once again.
- If the individual is a current volunteer but their duties are changed, all applicable forms and process described above (with the exception of a criminal records checks) must be completed once again.

Dismissal

A volunteer's service may be terminated at any time and without prior notice by the supervisor or the area vice president. Similarly, the volunteer may end service at any time.

V. Related Policies

HR 2.4 Pre-Employment Background Investigations

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Independent Contractors and Consultants Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 1.6
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Independent Contractors and Consultants

I. Purpose

The purpose of this policy is to comply with Internal Revenue Service and Department of Labor rules regarding the proper classification of individuals as either employees or Independent Contractors under the Fair Labor Standards Act (FLSA).

II. Scope/Applicability

All departments that engage Independent Contractors to provide work on the University's behalf.

III. Definitions/Key Terms

Independent Contractor or Consultant: an individual or firm engaged in an established business, trade or profession who provides services to the University and the fees are reported on the IRS Form 1099-MISC. An Independent Contractor is not an employee of the University; an independent contractor is in business for themselves and therefore is not covered by the FLSA. The criteria for determining whether a worker is an Independent Contractor is discussed in the procedures section below.

IV. Policy

Proper determination of whether a service provider is an employee of the University or an Independent Contractor or Consultant ensures that the University complies with the requirements of FLSA, Immigration and Naturalization Service regulations, and statutes regarding income tax withholding, unemployment insurance taxes, and Social Security and Medicare taxes. Improper classification may result in penalties to the University. Therefore, all potential Independent Contractor/Consultant services must be reviewed for proper classification by Human Resources *prior* to engaging the individual or making any commitment for payment. Human Resources will determine whether the individual will be classified as an employee or Independent Contractor/Consultant in accordance with the procedures described below. A worker's preference is not relevant in the classification determination. Neither is that of the individual or department wishing to engage the individual.

Economic Reality Test

Proper determination of whether a service provider is an employee of the University or an Independent Contractor ensures that the Virginia Wesleyan University complies with the requirements of the Fair Labor Standards Act, Immigration and Naturalization Service

regulations and statutes regarding income tax withholding, unemployment insurance taxes, and Social Security and Medicare taxes. Improper classification may result in penalties to the University.

Human Resources will use the economic reality test to determine if an employment relationship exists under the FLSA (29 CFR 795.110). The test utilizes a “totality-of-the-circumstance” multi-factor analysis to determine whether the individual shall be classified as an employee or independent contractor. This analysis requires the University to evaluate the following six economic factors for every Independent Contractor to determine if the service provider is classified correctly:

- The extent to which the work is integral to the University’s business.
- The worker’s opportunity for profit or loss depending on managerial skill.
- The investments made by the worker and the University.
- The worker’s use of skill and initiative.
- The permanency of the work relationship.
- The degree of control exercised or retained by the University.

Each factor must be considered in conjunction with the others and no factor holds greater importance or weight than another. Moreover, the factors above are not exhaustive, and others may be considered (see e.g., the IRS right-to-control test) if the factors listed above indicate a worker is in business for themselves rather than being economically dependent on the University.

The decision of the Human Resources Office is final.


V. Related Policies

HR 1.1 Employee Classification

HR 2.3 Immigration Reform and Control Act of 1986

HIRING

HR 2.1 Equal Employment Opportunity

	Policy Title: Equal Employment Opportunity Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 2.1
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Equal Employment Opportunity

I. Purpose

The purpose of this policy is to affirm the Virginia Wesleyan University's commitment to prohibit unlawful discrimination in employment and provide equal employment opportunity to all qualified individuals.

II. Scope/Applicability

All University employees, as well as applicants for employment.

III. Definitions/Key Terms

Discrimination: occurs when an individual is treated adversely or differently because of that person's actual or perceived race, religion, color, creed, sex, sex stereotypes, sex characteristics, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy or related conditions, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status.

Retaliation: engaging in conduct that may reasonably be perceived to either (a) adversely affect a person's work environment because of their good faith participation in the reporting, investigation, and/or resolution of a report of a violation of this policy; or (b) discourage a reasonable person from making a report or participating in an investigation under this policy, or any other local, state, or federal complaint process (e.g., filing a complaint with an entity like the U.S. Department of Education).

IV. Policy

Virginia Wesleyan University is an equal opportunity employer. In compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act, Equal Pay Act, the Age Discrimination Act of 1975, the Virginia Human Rights Act, and all other applicable non-discrimination laws, the University offers employment, advancement opportunities, and benefits in a harassment and discrimination-free environment on the basis of merit, qualifications, and competency to all individuals without regard to race, religion, color, creed, sex, sex stereotypes, sex characteristics, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital

status, military and covered veteran status, disability, sexual orientation, pregnancy or related conditions, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status.

These protections extend to all University employment practices and decisions, including recruitment and hiring, evaluation systems, wages and salary administration, promotions, training, working conditions, and career development programs. Consistent with these obligations, the University also provides reasonable accommodations to employees and applicants with disabilities and for sincerely held religious beliefs, observances, and practices.

University employees and applicants are also protected against retaliation. Acts of retaliation against an employee who engages in protected activity, such as reporting discrimination or harassment or participating in a resolution process, whistleblowing, or the exercise of any appeal or grievance right provided by law will *not* be tolerated at Virginia Wesleyan University.

The University will promptly investigate complaints of unlawful discrimination. Any employee involved in unlawful discriminatory practices will be subject to disciplinary sanctions, which may include, but are not limited to, one or more of the following: dismissal from employment, non-renewal of an employment contract, suspension, probation, reprimand, warning, issuance of a no-contact order, training and/or counseling.

Employment Discrimination Inquiries

Inquiries may be directed to the Director of Human Resources, who is responsible for formulating, implementing, coordinating, and monitoring all efforts in the area of equal employment opportunity. Moreover, any communication from an applicant for employment, an employee, a government agency, or an attorney concerning any equal employment opportunity matter is to be referred to the Director of Human Resources/Title IX Coordinator.

Regina Barletta

Director of Human Resources and Title IX Coordinator

757.455.3316

barletta@vwu.edu

While the Director of Human Resources/Title IX Coordinator has the overall authority for implementing this policy, an equal opportunity program can only be achieved with the support of supervisory personnel and employees at all levels. Any employee who feels they are the victim of discrimination is responsible for reporting this fact to their supervisor, department head, and/or the Director of Human Resources.

External Inquiries

Inquiries may also be directed to the following external agencies. Using the University's complaint processes does not prohibit an individual from filing a complaint with any of the agencies set forth below.

Inquiries federal laws may be directed to:

The United States Equal Employment Opportunity Commission – Norfolk Office

Federal Building
200 Granby Street, Suite 739
Norfolk, VA 23510
Phone: 1-800-669-4000
TTY: 1-800-669-6820

The United States Department of Education Office for Civil Rights

400 Maryland Avenue, SW
Washington, DC 20202-1100
Customer Service Hotline: (800) 421-3481
TDD: (877) 521-2172
Facsimile: (202) 453-6012
Email: OCR@ed.gov

Inquiries regarding state laws may be directed to:

Commonwealth of Virginia Office of Civil Rights

202 North Ninth Street
Richmond, VA 23219
Phone: 814-225-2292
Email: CivilRights@oag.state.va.us

Any person who believes the University as a federal contractor has violated nondiscrimination or equal employment obligations may contact the Office of Federal Contract Compliance Programs (OFCCP) at:


OFCCP
U.S. Department of Labor
200 Constitution Ave. NW
Washington, D.C. 20210
www.dol.gov
Telephone: (800) 397-6251

V. Related Policies

HR 3.21 Discrimination and Harassment (Staff and Students Respondents)
HR 3.17 Reasonable Accommodations for Disabilities in the Workplace
HR 3.18 Reasonable Accommodations for Pregnancy in the Workplace
HR 3.2 Statement of Non-Discrimination
HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

See also the Faculty Handbook Harassment Policy

HR 2.2 Hiring Practices

	Policy Title: Hiring Practices Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 2.2
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Hiring Practices

I. Purpose

The purpose of the policy is to ensure equitable recruitment and hiring practices for all Virginia Wesleyan University positions. While procedures for the hiring of faculty and staff may differ, all hiring of University employees should be consistent with the procedures and guidelines set forth herein.

II. Scope/Applicability

All University hiring supervisors.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Employment hiring, including advertising and final selection, shall be conducted in a fashion that is consistent with Virginia Wesleyan University's commitment to equal employment opportunity for all (see HR 2.1 Equal Employment Opportunity). The following steps shall be followed in order to ensure hiring the most qualified individual for the position while remaining in compliance with applicable state and federal employment laws.

Approval to Hire

The University President must approve all searches for full-time positions prior to commencement of recruitment. When a suitable candidate is found, the area vice president must complete the appropriate form and forward to Human Resources.

Job Postings

Vacant positions are generally posted on the University website. Human Resources and the hiring supervisor will determine if external advertising is appropriate. Generally, external ads will run concurrent with internal postings. All postings and advertisements for a vacant position must include an Equal Opportunity Employment statement (see HR 2.1 Equal Employment Opportunity), as well as state (if applicable) that employment is contingent upon completion of required background checks and verifications (see HR 2.4 Pre-Employment Background Investigations).

Exceptions to the job-posting requirement may include situations such as reorganizations or a reassignment to accommodate an individual with disabilities pursuant to the American with Disabilities Act. Human Resources reviews and approves any exceptions.

Current University employees may apply for open positions for which they are qualified. If an employee is chosen to interview for the position, they must advise their supervisor prior to the interview. For staff positions, a new introductory period will begin with every new position. However, seniority and accrued benefits will be maintained in accordance with the pay classification of the employee.

Processing of Applications/Resumes

Unless a supervisor specifically requests a different process and Human Resources agrees, all resumes are sent to Human Resources for processing. Upon receipt, Human Resources responds letting the applicant know the application is received and is being forwarded to the hiring supervisor for consideration.

Interviews

The hiring supervisor and search committee (if applicable) review the resumes received and selects those with the qualifications to be interviewed. Whenever possible, the committee should include a diversity of perspectives, backgrounds, and demographic make-up (age, race, gender, etc.).

The hiring supervisor conducts reference checks for those applicants being considered for interviews. Additionally, a request by the hiring supervisor to the applicants will be made to determine their salary requirements.

The hiring supervisor will provide notice of the availability of the University's Annual Security and Fire Safety Report to all individuals interviewed for positions that were advertised in national or local publications or websites.

Offer of Employment

Once a qualified candidate has been selected, the hiring supervisor makes a verbal offer of employment. For salaried positions, this offer is followed by either a contract (for faculty members) or an employment offer letter (for staff members) from the Virginia Wesleyan University President. Efforts of reasonable accommodation, if required, are implemented with the assistance of Human Resources.

Notification of Unsuccessful Candidates

Applicants who were interviewed and not selected for the position are notified in writing or by phone by either the Human Resources Office or the hiring supervisor. If the response is by telephone, the date and time of the call are documented on the application/resume. The hiring supervisor decides who will be the responding party.

Accuracy of Employment Applications/Resumes

The University relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data, documents, credentials, or other information presented throughout the hiring process and employment. Any willful misrepresentations, falsifications, nondisclosure, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Exceptions to Hiring Practices

Based upon unusual circumstances and demonstrated departmental need, exceptions can be made to the University's hiring practices. A written request detailing exceptional circumstances is made to the President for approval.

New Hire Reporting

In accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and Virginia Statute [63.2-1946](#), all new hires, including rehired employees, must be reported to the Virginia Employment Commission within 20 days of hire. Human Resources is responsible for reporting all newly hired employees and independent contractors to the Virginia Employment Commission within 20 days of hire.


Please note that faculty who are paid an annual salary are not considered to be "rehired" when they return to school each new academic year. This is true even if they are not required to report to the University for more than a 60-day period.

VI. Related Policies

HR 2.1 Equal Employment Opportunity

HR 2.4 Pre-Employment Background Investigations

HR 2.3 Employment Eligibility and Verification

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Immigration Reform and Control Act of 1986 Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 2.3
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Employment Eligibility and Verification

I. Purpose

The purpose of the policy is to ensure compliance with the provisions for employment eligibility verification in accordance with the Immigration Reform and Control Act (IRCA) and guidance issued by the U.S. Citizenship and Immigration Services (USCIS) of the U.S. Department of Homeland Security.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Employment Eligibility Verification (Form I-9): the Federal form employers use to verify the work-authorization status of all newly hired employees in the United States.

IV. Policy

Virginia Wesleyan University complies with the Immigration Reform and Control Act of 1986, and in doing so hires only employees who are legally employable and who provide the University with identity verification and/or work authorization in compliance with the Act.

Verification Procedures

It is the responsibility of the newly hired employee to provide Human Resources with the necessary documents that verifies their identity and eligibility to work in the United States. This is to be done within three (3) business days of the employee's first day of work. If an employee is unable to present the required documents within three (3) business days, they must present a receipt for application of the document(s) within those three (3) business days and the actual document(s) within 90 business days. Employees will be terminated for failure to comply with the employment eligibility and verification requirements.

The employee completes the Employee Section of the appropriate Eligibility Verification/I-9 Form. Human Resources views the presented necessary documents and completes the Employer Section of the Form.

Updating and Re-verification Procedures


The rehire of an employee within three (3) years after termination, and during the period that the Form I-9 is required to be retained, requires reconfirmation of the information on the Form I-9. Employment eligibility and identity must also be rechecked. If the information remains the same, no new Form I-9 is needed.

When an international employee's work authorization expires, Human Resources must re-verify the person's employment eligibility. The employee must present a document that shows either an extension of the employee's initial employment authorization or new work authorization. If the employee cannot provide proof of current work authorization, the University cannot continue to employ that person.

VI. Related Policies

HR 2.2 Hiring Practices

HR 2.4 Pre-Employment Background Investigations

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Pre-Employment Background Investigations Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 2.4
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Pre-Employment Background Investigations

I. Purpose

The purpose of this policy is to establish background screening requirements for evaluating an individual's eligibility for employment at the University, serving in a particular position, or engaging in certain activities, and the processes that will be followed to promote fair and lawful treatment of candidates, employees, and other individuals with respect to background investigations.

II. Scope/Applicability

All applicants who are offered employment at Virginia Wesleyan University, as well as certain volunteers and student employees over the age of eighteen who work with or in an environment with vulnerable population programs.

III. Definitions/Key Terms

Volunteer(s): means any uncompensated individual who is authorized by a University department, division, or unit to perform humanitarian, charitable or public services on behalf of the University, or to gain personal or professional experience in specific endeavors. By definition, volunteers perform services without promise, expectation or receipt of any compensation, future employment or any other tangible benefit.

Vulnerable Population Programs: means University-sponsored programs and activities, including but not limited to academic programs and camps, serving minors or at-risk adults.

IV. Policy

Virginia Wesleyan University is committed to providing the safest possible environment for students, faculty, staff, visitors, and physical resources. In an effort to maintain a safe environment and comply with applicable laws and regulations, the University conducts background screenings on all applicants being offered employment at Virginia Wesleyan University, as well as certain volunteers and student employees over the age of eighteen who work with or work in an environment with vulnerable population programs.

The University also retains the right to conduct background screens of current employees when the University has reasonable grounds to do so and when required to do so by contract or pursuant to state or federal laws, rules, and regulations.

Required Background Screenings

1. *Minimum Background Screenings for University Positions:* The University conducts the following background screenings on all newly hired or rehired individuals, as well as certain volunteers and student employees over the age of eighteen who work with or in an environment with vulnerable population programs:
 - a. Criminal History Screening
 - b. Sex Offender Registry Search
2. *Position Specific Additional Screenings:* Prior to an employee starting in certain positions or undertaking certain duties, the University may require additional background checks, including one or more of the following:
 - a. Verification of education, employment, and/or other credentials.
 - b. Financial history.
 - c. Motor vehicle record.
3. *Contractor Responsibility for Conducting Background Checks:* Contractors performing sensitive conditions work for the University must conduct criminal history screenings on all of their employees, agents, and subcontractors who provide services to the University, and, upon the University's request, certify that such employees, agents, and subcontractors have satisfactorily completed the background check.

Types of Employment-Related Screenings

Generally, background screenings under this policy will be conducted by a third-party vendor(s) chosen by Human Resources. All background screenings will be conducted according to the standards of the federal Fair Credit Reporting Act. The various types of background screenings are:

Criminal History Screenings

Conviction for the following offenses may demonstrate unfitness for employment at Virginia Wesleyan University and result in just cause for immediate termination of employment/discontinuance action towards employment:

Conviction of a Felony or Misdemeanor in the State of Virginia or any other jurisdiction of the United States for one of the following crimes within the last 15 years:

- Abduction
- Abuse or neglect of an adult
- Arson
- Assault with the intent to commit a crime
- Breaking and entering
- Burglary
- Carjacking
- Carrying or wearing a weapon
- Child Abuse/Neglect
- Confinement of an unattended child
- Contributing to the delinquency of a minor

- Cruelty to animals
- False imprisonment
- Forgery
- Hiring, soliciting, engaging, or using a minor for the purpose of manufacturing, distributing, or delivering a controlled dangerous substance.
- Incest
- Kidnapping
- Maiming or Mayhem
- Manslaughter or Murder
- Manufacturing, distributing or dispensing a controlled and dangerous substance
- Possession of CDS or Paraphernalia
- Pornography (child)
- Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance
- Prostitution or pandering
- Rape
- Reckless endangerment
- Robbery
- Sex offenses
- Weapons (firearms) violations of federal or state laws
- Religious or ethnic crimes
- Unnatural or perverted practices
- Any other conviction of a crime that, after an individual assessment by Human Resources pursuant to the General Procedures section below, is determined to present an unacceptable risk inherent in the duties of the particular position.

The following actions may make an applicant ineligible for employment:

- New applicants receiving Probation Before Judgment (PBJ) for any of the above-mentioned crimes within the last four years especially if additional information obtained indicates that undesirable activity is involved.
- Pending criminal action that precludes an employee from working in a University facility.
- Failure to disclose a Conviction, Probation Before Judgment, or pending criminal or social services issue on the employment application or background check application.

Sexual Offender Registry Search

A sexual offender registry search will be conducted for all positions, as well as certain volunteers and student employees over the age of eighteen who work with or work in an environment with vulnerable population programs.

Motor Vehicle Records Search ("MVR")

An MVR search will be conducted for positions that use University-owned or leased vehicles as a significant portion of the job responsibilities or routinely use their personal vehicles in the course of University business. See HR 8.5 Motor Vehicle Record Policy for additional information.

Financial History Screenings

A financial history screen may be conducted for positions in campus departments with centralized and primary responsibility for significant University financial resources.

If the University is considering taking any adverse action (not hiring, not promoting, firing) based upon the results of a negative financial history screen conducted by a third-party reporting agency, prior to taking action, Human Resources will supply (send or give) the applicant a copy of the credit report, and a description of their rights. The applicant will be given five (5) business days to contest the report before taking adverse action. After any adverse action is taken, University will provide the applicant the following information:

- Notice of adverse action taken.
- Name, address, and phone number of consumer reporting agency that provided report.
- Statement that the reporting agency did not make the adverse decision, and cannot give the consumer a reason for the decision.
- Notice of consumer's rights to obtain a free copy of report within 60 days.
- Notice of consumer's right to dispute accuracy or completeness of report.

Excluded Parties Lists/Federal Healthcare Reimbursement Sanctions and Exclusions Screenings

To maintain University compliance with regulations of the Office of Foreign Assets Control (OFAC) of the US Treasury Department, the University may request a search to confirm that individuals being hired are not listed in the OFAC/Terrorist Watch List.

The University may also request a FACIS® (Fraud and Abuse Control Information System) Report to identify whether a licensed professional being hired in the Allied Health and Nursing programs, the Student Health Center, the Student Counseling Center and/or similar units has engaged in wrongful action in the healthcare field.

Background Screening Procedures:

1. All applicants being offered employment at Virginia Wesleyan University, excluding student applicants for student positions, are required to have a criminal history screen conducted. While employment may begin prior to receipt of the results of each screening, continued employment will be contingent on the results of their background check.
2. The University will conduct a new background check when an individual's employment or other relationship with the University has a break in service that is more than one (1) year after last day worked or services performed for the University, provided that sabbatical leave, parental leave, military leave, and other types of University-approved leave do not constitute a break in service.
3. Prior to conducting the criminal history screen, the hiring supervisor, the President, respective vice president, executive director of intercollegiate athletics, or Human Resources/Payroll, as appropriate, shall obtain the signed, written consent from the potential employee. An applicant who refuses to complete, sign, and submit the form will be removed from further consideration for the position.

4. This written consent form shall be forwarded to the Human Resources office. A criminal background and sex offender registry screen, and when applicable a Motor Vehicle Record and/or financial history screens, will be submitted to the University's contracted vendor(s).
5. In accordance with the signed agreement, the University's vendor(s) shall perform the appropriate background screen and transmit the results to the Director of Human Resources.
6. If the results of an applicant's criminal history screen include a conviction for any of the crimes listed in this Policy or otherwise indicate a conviction that may present an unacceptable risk inherent in the duties of the particular position, the Director of Human Resources shall evaluate the findings along with the potential risk. The evaluation shall be based upon such factors as the duties of the position, the nature, number, or gravity of the offense(s) or conduct, the time that has passed since the offense or conduct and/or completion of the sentence(s), employment and rehabilitation history, accuracy of the information on the employment application, and other job-related factors. Detention or arrest without conviction or without a plea of no contest or PBJ will not play a part in the decision-making process.
7. If the results of any background screen might preclude an individual from employment, Human Resources will notify the applicant that negative information was revealed during the screening process that may impact the employment or volunteer decision. The notification will also notify the individual that if they believe that the background screen report is inaccurate or incomplete, they have five (5) business days from the receipt of the notification to challenge the findings with the vendor(s) or otherwise successfully resolve it.
8. The Director of Human Resources shall make the final recommendation to the hiring supervisor on the advisability of continuing the relationship with the potential employee.
9. If the results of an applicant's criminal history record investigation indicate that the applicant presents an unacceptable risk, the Director of Human Resources shall ensure that the applicant receives a copy of the investigation results along with a printout of their legal rights.

General Information

1. All background screens, including but not limited to criminal history record information, will be used only for the purpose of evaluating applicants for employment, and shall in no way be used to discriminate on the basis of race, religion, color, creed, sex, gender, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status.
2. Offers of employment will be made on a contingent basis pending satisfactory criminal background check results.
3. All background screens, including but not limited to criminal history or criminal conviction information, shall be treated as confidential information as required by law. Such information will not be made a part of the applicant's file, or the employee's personnel file, or communicated to any unauthorized person when prohibited by law

without the consent of the applicant. The release of such information must be authorized in writing by the Vice President for Finance.

4. Nothing in this policy shall be construed to prevent a hiring supervisor or the Director of Human Resources from discussing with the applicant information from the background screen for purposes of verification or clarification.
5. All financial history screens will be conducted in accordance with the Fair Credit Reporting Act.
6. Background history reports will be maintained in a secured file in the Human Resources Office.

Compliance with Legal Obligations and Policy Interpretation


Nothing in this policy is intended to limit the University's ability to conduct lawful background screens, including criminal record screens, for employees, employment applicants, volunteers, and contractors or vendors who provide service to the University. The University will comply with all applicable federal and local statutes and regulations relating to background screenings. This policy supplements and does not replace any law, regulation, contractual obligation, collective bargaining agreement, or other University approved policy that regulates background screenings. Moreover, nothing in this policy precludes the University from taking lawful personnel action based on an employee's criminal background history.

V. Related Policies

HR 2.1 Equal Employment Opportunity
HR 8.5 Motor Vehicle Record Policy
HR 3.2 Statement of Non-Discrimination
HR 1.5 Volunteers

EMPLOYEE WORKPLACE POLICIES (ALL EMPLOYEES)

HR 3.1 Rules of Conduct

	Policy Title: Rules of Conduct Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.1
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Rules of Conduct

I. Purpose

The purpose of the policy is to establish the rules of conduct expected of all University employees.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Conflict of Interest: any circumstance in which the personal, professional, financial, or other interest of a University employee may potentially or actually diverge from or may be reasonably perceived as potentially or actually diverging from, their obligations to the University and the interests of the University.

IV. Policy

Virginia Wesleyan University employees are expected to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct in their dealings with persons both inside and outside the University. Moreover, employees are to conduct themselves at all times and in all circumstances in a manner that will reflect their professionalism as members of the academic community in general, and Virginia Wesleyan University in particular. Accordingly, the University has promulgated Rules of Conduct, which sets forth the general standards to which every University employee is expected to adhere. The standards set forth in the Rules of Conduct have been derived from federal, state, and local laws and regulations, University policies and procedures, contractual and grant obligations, and generally accepted principles of ethical conduct.

Compliance with the Rules of Conduct is the responsibility of every Virginia Wesleyan University employee. Disciplinary action will be taken in accordance with the University's policies and procedures that apply to individuals who violate the Rules of Conduct. Moreover, conduct that violates the Rules of Conduct may also result in civil or criminal charges and penalties.

Rules of Conduct

Adherence to Standards of Ethical Conduct

All University employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University are expected to always conduct themselves ethically, honestly, and with integrity in all dealings in accordance with the highest professional and community ethical standards.

Integrity in Research

Those engaged in research are expected to conduct their research with integrity and intellectual honesty at all times and with appropriate regard for human subjects. To protect the rights of human subjects, all research involving human subjects is to be reviewed by the University's Institutional Review Board (IRB). Members of the University community engaged in research are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

Compliance with Applicable Laws & Regulations

All University employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University are expected to become familiar with the laws and regulations applicable to their position or status with the University and must not act in any way to intentionally breach such laws and regulations, nor should they ask others to do so.

Questions and concerns about the legality or propriety of any action or failure to take action by or on behalf of the University should be referred to the employee's immediate supervisor or the Director of Human Resources.

Anti-Bribery and Corruption

All University employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University must respect global laws and conduct business with government officials in accordance with the law of the United States and the foreign countries where the University does business, including but not limited to the Foreign Corrupt Practices Act.

Compliance with Applicable University and Department Policies and Procedures

Members of the University community are bound by the policies, procedures, and practices applicable to them as published in the University's policy documents (see e.g., the VWU Policy and Procedures Handbook, the VWU Faculty Handbook, the Catalog, the Annual Safety and Security Report, and other policy-related documents).

Employees are expected to seek clarification on a policy or other University or department directive they find to be unclear, outdated, or at odds with the University's Mission or values. It is not acceptable to ignore or disobey policies if one is not in agreement with them, or to avoid

compliance by deliberately seeking loopholes. In some cases, University employees are also governed by ethical codes or standards of their professions or disciplines. It is expected that those employees will comply with applicable professional standards.

Environment and Workplace Health and Safety

University employees, volunteers, contractors, agents, and other third-parties conducting work on the University's campus are expected to adhere to safety policies and regulations and ensure the work environment remains free of any hazards that could potentially cause an injury or incident. This includes complying with all University and department mandates aimed at providing a safe learning/working/living environment, including but not limited to, vaccination requirements, designated smoking areas, as well as completing any safety training associated with job responsibilities and duties.

If engaging in activities that require the handling, storage, or disposal of special hazard materials/equipment, all regulatory requirements and University policy must be followed. It is their responsibility to report workplace injuries, illnesses, or unsafe conditions, including "near-misses". Timely reporting will help prevent others from being injured. See HR 9.4 Work-Related Accidents and Illnesses.

Drug-Free Campus and Workplace and Dangerous Weapons

No alcoholic beverages, illegal drugs, weapons, or dangerous instruments are allowed on campus unless such activity takes place at an event which has been approved by the University administration and for which all necessary licenses have been obtained. Alcohol or drug use while on duty or before reporting for work will not be tolerated. While marijuana is legal in the Commonwealth of Virginia, marijuana use or possession is also not permitted on campus. See HR 9.1 Drug and Alcohol Free Workplace Policy.

Conflicts of Interest

All University employees have a duty to avoid conflicts between their personal interests and official responsibilities and to comply with University policies for reporting and reviewing actual and potential conflicts of interest and conflicts of commitment. Additionally, such individuals may not utilize their position with the University for their personal benefit. Members of the community are also expected to consider and avoid not only an actual conflict but also, the appearance of a conflict of interest. In all such matters, University employees are expected to take appropriate steps, including consultation if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts. See HR 3.4 Conflict of Interests, HR 4.2 Staff Outside Employment, Opportunity, and Other Activities, and the Faculty Handbook's Outside Activities policy.

Respect for the Rights and Dignity of Others

Virginia Wesleyan University is committed to a work, academic, and residential environment in which all individuals are treated with respect and dignity. Each individual has the right to work, study, and live in a professional, academic, and residential atmosphere that promotes equal

employment and educational opportunities and prohibits discriminatory practices, including harassment. The University prohibits discrimination and harassment and provides equal opportunities for all community members and applicants regardless of race, religion, color, creed, sex, gender, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status. See the HR 3.3 Statement of Non-Discrimination, HR 3. 20 Title IX Sex Based Harassment and Discrimination Policy, HR 3.21 Discrimination and Harassment (Staff and Student Respondents), and the Faculty Handbook Harassment policy.

Confidential Information

Employees understand that due to the nature of their position with Virginia Wesleyan University, they may become privy to information considered sensitive, confidential and protected. Employees agree that they will not at any time during employment at the University, or in the years following departure or retirement, divulge any such confidential information, nor transfer any such confidential information to any third party, nor use any such confidential information for their own purposes. Any request for such information from a third party must be referred to the supervisor, and the supervisor in turn should refer requests of this nature to the appropriate area vice president. Moreover, all University employees are expected to be familiar and to comply with applicable laws (e.g. FERPA), University policies, directives and agreements pertaining to access, use, protection, and disclosure of sensitive, confidential, and protected information. Upon their departure from the University, employees will return to the University all confidential information in their possession or under their control. See HR 3.3 Confidential Information policy for additional guidance.

Compliance Training

All University employees are required to complete compliance and other training as assigned, which will differ in type and frequency based on their role and responsibilities. Specific training requirements are determined based on an employee's job function and in accordance with other University policies and state and federal laws and regulations.

Use of University Resources

University resources may only be used for activities on behalf of the University. They may not be used for private gain or personal purposes except in limited circumstances permitted by existing policy where incidental personal use does not conflict with and is reasonable in relation to University duties. All University employees, volunteers, contractors, agents, and other third-parties authorized to use University resources are expected to treat University property with care and to adhere to laws, policies and procedures for the acquisition, use, maintenance, record keeping and disposal of University property.

Compliance with Contractual Terms and Grant Terms and Conditions

All University employees are expected to maintain access to and to comply strictly with the terms and conditions of each University grant and contract on which they are working. All

questions or concerns about whether a particular term or condition violates the law or whether the grantor or contractor has breached its obligations to the University should be referred promptly to the Vice President for Finance.

Maintenance and Preservation of Records

All University officers, employees, volunteers, contractors, agents, and other third-parties who act on behalf of Virginia Wesleyan University are expected to create and maintain records and documentation which fully conform to all applicable laws and professional and ethical standards, as well as departmental record retention schedules.

Every member of the University who is involved, directly or indirectly, in the preparation or submission of a bill to any governmental or private payor is expected to use their best efforts to ensure the bill addresses only those services rendered and products delivered and in the correct amount, supported by appropriate documentation.

Reporting Procedures

In general, the use of good judgment, based on high ethical principles, will guide University employees with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with the employee's immediate supervisor or the Director of Human Resources. In addition, the reporting procedures set forth in HR 3.7 Whistleblower Policy may be utilized.

Those who report violations of the Rule of Conduct in good faith and in an appropriate manner, whether further investigation substantiates the claim, will be free from retaliation in any form. The identity of the reporter will be protected, within legal limits, and those who retaliate against them will be disciplined. All reported violations will be investigated promptly.

V. Related Policies

HR 3.3 Confidential Information

HR 3.4 Conflict of Interests

HR 3.5 Non-Fraternization Policy

HR 3.22 Discrimination and Harassment (Staff and Student Respondents)

HR 9.1 Drug and Alcohol Free Workplace Policy

HR 3.5 Non-Fraternization Policy

HR 4.2 Staff Outside Employment, Opportunities, and Other Activities

HR 3.2 Statement of Non-Discrimination


HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

HR 3.7 Whistleblower Policy

HR 9.4 Work-Related Accidents and Illnesses

Faculty Handbook Harassment Policy

HR 3.2 Statement of Non-Discrimination

	Policy Title: Statement on Non-Discrimination Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.2
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Statement on Non-Discrimination

I. Purpose

The purpose of this policy is to foster the University's commitment to providing an educational and working environment free from unlawful discrimination, harassment, and retaliation.

II. Scope/Applicability

This policy applies to all University employees, students, and related third parties.

III. Definitions/Key Terms

Discrimination: occurs when an individual is treated adversely or differently because of that person's actual or perceived race, religion, color, creed, sex, sex stereotypes, sex characteristics, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy or related conditions, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status ("protected status").

Harassment: is a form of discrimination that encompasses unwelcome verbal or physical conduct directed at a person based on a protected status, when these behaviors are sufficiently severe and/or pervasive to have the effect of unreasonably interfering with an individual's educational experience, working conditions, or living conditions by creating an intimidating, hostile, or offensive environment. A determination of whether conduct is considered hostile is based on the totality of the circumstances of the situation. Isolated incidents or comments (unless extremely serious) will generally not rise to the level of harassment under this definition.

Retaliation: engaging in conduct that may reasonably be perceived to either (a) adversely affect a person's work environment because of their good faith participation in the reporting, investigation, and/or resolution of a report of a violation of this policy; or (b) discourage a reasonable person from making a report or participating in an investigation under this policy, or any other local, state, or federal complaint process (e.g., filing a complaint with an entity like the U.S. Department of Education).

IV. Policy

In compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act, Equal Pay Act, the Age

Discrimination Act of 1975, the Virginia Human Rights Act, and all other applicable non-discrimination laws, the University prohibits discrimination against applicants, students, faculty, or staff on the basis of race, religion, color, creed, sex, sex stereotypes, sex characteristics, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy or related conditions, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status.

The University also prohibits unlawful harassment of students, employees, and third parties on the basis of any protected characteristic as identified above.

The University also prohibits retaliation against any individual for the purpose of interfering with any right or privilege secured by University policy or law, or because the individual makes a good faith report or formal complaint, testifies, assists, participates, or refuses to participate in any manner in an investigation, proceeding, or hearing under the University's comprehensive discrimination and harassment and sexual misconduct policies, including but not limited to HR 3.21 Title IX Sex Based Harassment and Discrimination Policy, HR 3.22 Discrimination and Harassment (Staff and Students Respondents) and the Faculty Handbook Harassment Policy.

University employees and applicants are also protected against retaliation. Acts of retaliation against an employee who engages in protected activity, such as reporting discrimination or harassment or participating in a resolution process, whistleblowing, or the exercise of any appeal or grievance right provided by law will *not* be tolerated at Virginia Wesleyan University.

The University will promptly investigate complaints of unlawful discrimination, harassment, and retaliation. Any member of the University community in violation of this policy will be subject to disciplinary sanctions, which may include, but are not limited to, one or more of the following: dismissal from employment, non-renewal of an employment contract, expulsion, suspension, probation, reprimand, warning, issuance of a no-contact order, training and/or counseling.

The University has designated the Director of Human Resources/Title IX Coordinator to coordinate the University's compliance with federal and state civil rights laws regarding protected characteristics, including Title IX, the Age Discrimination Act of 1975, and those other laws and regulations referenced above:

Regina Barletta
Director of Human Resources and Title IX Coordinator
757.455.3316
barletta@vwu.edu

The University complies with all federal and state laws that protect individuals with disabilities from discrimination based on their disability or perceived disability status. As such, reasonable accommodations and auxiliary aids and services are available to individuals with disabilities when such modifications and services are necessary to access the University's programs and services. The University's ADA/504 Coordinators are:

For Students:

Crit Muniz
Executive Director of Academic Support Services
757.233.8898
nmuniz@vwu.edu

For Employees:

Regina Barletta
Director of Human Resources and Title IX Coordinator
757.455.3316
barletta@vwu.edu

Inquiries about Title IX or the University's prohibitions against discrimination, harassment, and retaliation can be directed to the Director of Human resources/Title IX Coordinator, the Title Deputy Coordinators, the ADA/504 Coordinator (for disability-related questions) or to any of the external agencies listed below.

Complaints and inquiries regarding discrimination, harassment, and retaliation involving federal laws may be directed to:

The United States Equal Employment Opportunity Commission – Norfolk Office

Federal Building
200 Granby Street, Suite 739
Norfolk, VA 23510
Phone: 1-800-669-4000
TTY: 1-800-669-6820

The United States Department of Education Office for Civil Rights

400 Maryland Avenue, SW

Washington, DC 20202-1100

Customer Service Hotline: (800) 421-3481
TDD: (877) 521-2172
Facsimile: (202) 453-6012
Email: OCR@ed.gov

Complaints and inquiries regarding discrimination, harassment, and retaliation involving state laws may be directed to:

Commonwealth of Virginia Office of Civil Rights

202 North Ninth Street
Richmond, VA 23219

Phone: 814-225-2292
Email: CivilRights@oag.state.va.us

Any person who believes the University as a federal contractor has violated nondiscrimination or affirmative action obligations may contact the Office of Federal Contract Compliance Programs (OFCCP) at:


OFCCP
U.S. Department of Labor
200 Constitution Ave. NW
Washington, D.C. 20210
www.dol.gov
Telephone: (800) 397-6251
TTY: (202) 693-1333

V. Related Policies

HR 3.22 Discrimination and Harassment (Staff and Student Respondents)
HR 2.1 Equal Employment Opportunity
HR 3.5 Non-Fraternization Policy
HR 3.20 Title IX Sex Based Harassment and Discrimination Policy
HR 3.17 Reasonable Accommodations for Disabilities in the Workplace
HR 3.18 Reasonable Accommodations for Pregnancy in the Workplace

Faculty Handbook Harassment Policy

HR 3.3 Confidential Information

	Policy Title: Confidential Information Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.3
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Confidential Information

I. Purpose

The purpose of this policy is to provide University employees, and other third-parties granted access to confidential information with a basic understanding of their responsibilities to protect and safeguard such information.

II. Scope/Applicability

All University employees, volunteers, and other third-parties who are granted access to confidential information.

III. Definitions/Key Terms

Confidential Information: non-directory information and restricted University data pertaining to University students, alumni, and employee records, the University's trade secrets, and any other information or University data maintained in a confidential manner according to University policy or practice and/or federal or state law.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program or office of the University in support of the University's mission. There are two types of University data:

- *Restricted Data:* University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data. Examples of include, but is not limited to:
 - Passwords, credentials, cryptographic keys, etc. that grant access to restricted data.
 - PINs (Personal Identification Numbers).
 - Credit card numbers with cardholder name.
 - Student Education Records (non-directory) as defined by the Family Educational Rights and Privacy Act (FERPA).
 - Personally Identifiable Information: including, Birth date combined with last four digits of SSN and name, Social Security number, Driver's license number, state identification card, and other forms of national or international identification (such as passports, visas, etc.) in combination with name, Tax ID with name, Biometric information, etc.
 - Personal Data from the European Union: Name, an identifier number, location data, an online identifier, one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

- Export Control information.
- Health insurance information and Protected Health Information (“PHI”) as defined by Health Insurance Portability and Accountability Act (HIPAA).
- Bank account or debit card information in combination with any required security code, access code, or password that would permit access to an individual's financial account.
- Electronic or digitized signatures.
- Criminal background and credit history check results.
- Trade secrets or intellectual property.
- Location of critical or protected assets.
- Vulnerability/security information related to e information systems.
- Attorney-client communications.
- Employee/Human Resources Information
- Marketing or promotional information (prior to authorized release)
- Contracts/service level agreements.
- Budgets.
- *Public University Data*: University data which there is no expectation for privacy or confidentiality (i.e., is available to the public) and that the loss of such data would not cause significant personal, institutional, or other harm.

IV. Policy

University employees, volunteers, and other third-parties understand that due to the nature of their position or affiliation with Virginia Wesleyan University, they may become privy to information considered sensitive, confidential, and protected, which includes but is not limited to University data classified as restricted (also referred to as “non-public University data”). Individuals granted access to such information and data are obligated to keep it in strict confidence and not to divulge it to family, friends, co-workers, or any other third parties without express consent from the University.

Employees agree that they will not at any time during employment at the University, or in the years following departure or retirement, divulge any such confidential information, nor transfer any such confidential information to any third party, nor use any such confidential information for their own purposes.

Employees agree that upon their departure from the University, they will return to the University all confidential information on the organization in their possession or under their control.

Any breach of confidentiality may result in disciplinary action, up to and including termination.

Supervisor Responsibilities

Supervisors will inform employees, volunteers, and other third-parties of the appropriate policies, procedures, and safeguards/controls for the maintenance and transfer of confidential information. All employees are reminded that it is inappropriate to discuss information and data of a confidential or restricted nature in public areas.

Guidelines Related to Confidential Information

University employees, volunteers, and other third-parties are expected to:

1. Access and use confidential information, including but not limited to non-public University data only as expressly authorized to perform in good faith their job, volunteer, or contractual responsibilities.
 - a. The unauthorized use or release of confidential information is prohibited both during and after employment with the University.
 - b. Unauthorized use includes, but is not limited to, personal gain, providing advantage to others, etc.
2. Safeguard confidential information in accordance with applicable laws and regulations, as well as University and department policies addressing the use, administration, processing, storage or transfer of such information or data in any form, physical or electronic. See e.g., IT 7.1 Acceptable Use and IT 7.4 Classification of Data Policy.
 - a. In safeguarding confidential information, individuals are prohibited from disclosing such information or data unless required for a legitimate business purpose or by legal process such as a subpoena or court order.
 - b. Confidential information may not be removed from campus without permission from the University (except in the ordinary course of performing duties on behalf of the University).
3. Understand their responsibilities related to University Information Systems security. See e.g., IT 7.1 Acceptable Use and IT 7.4 Classification of Data Policy.
4. Attend training relevant to confidential information.
5. Notify their supervisor of any misuses of confidential information in accordance with the reporting procedures set forth in the Reporting Misuses section below.

Individuals granted access to confidential information who are unsure about the confidential nature of specific information or data must ask their supervisor for clarification.

Reporting Misuses of Confidential Information

In the event an individual commits, observes, or becomes aware of the misuse or unauthorized disclosure of confidential information, the individual must report this to an immediate supervisor, area vice president, or Human Resources for investigation. In addition, reports may be made in accordance with HR 3.8 Whistleblower Reporting.

In the event of a possible or suspected information security incident, the Malbon Center for Technology Help Desk must be notified immediately so that the University's Information Security Incident Response Plan may be implemented. Examples of Information Security Incidents include:

- Lost or stolen laptop, tablet computer, or smartphone
- Physical breach of Information Technology (IT) communication closets
- Compromise of credentials because of malware, phishing attack, or disclosure of password(s) to an unauthorized person
- Disclosure of protected data to an unauthorized person(s)
- Notification of publicly posted University credentials

- Notification of compromised Personally Identifiable Information (PII)
- Device(s) infected with ransomware
- Unauthorized access of user account(s)

If it is not clear whether a specific situation is an information security incident, individuals have an obligation to contact the Malbon Center for Technology Help Desk.

V. Related Policies


IT 7.1 Acceptable Use

IT 7.4 Classification of Data Policy

IT Information Security Incident Response Plan

HR 3.7 Whistleblower Policy

HR 3.4 Conflicts of Interest

	Policy Title: Conflicts of Interest Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.4
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Conflicts of Interest

I. Purpose

The purpose of this policy is to establish guidelines for actual or potential conflicts of interest that might arise in the course of an employee's duties and external activities.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Conflict of Interest: While no definition of conflict of interest can be sufficiently inclusive to address all possible examples of such activities, a conflict of interest is a situation in which an employee has a business relationship or significant personal or financial interest that might reasonably be construed to affect the employee's independent, unbiased judgment when making or participating in the making of decisions on behalf of the University, where such a decision will or could result either directly or indirectly in a personal gain for the employee or for a relative of the employee. In addition, a conflict of interest may occur when an employee has any other interest that is or appears to be in substantial conflict with the employee's duties to the University or adversely impacts the University's reputation or the public's confidence in the University's integrity.

Financial Interest: any interest that will, could or is intended to lead to a profit or an ascertainable increase in the income or net worth of an employee and/or a Relative of the employee. Such a profit or increase in income or net worth could be realized through the receipt of anything of monetary or potential monetary value, including, but not limited to, payments of any kind (e.g., salary, consulting fees, honoraria, gifts, dividends, distributions, rent, paid authorship, etc.), equity interests, an increase in the value of real estate or equity interests, or intellectual property rights.

Relative: For purposes of this policy, "relative" is defined as a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, first cousin, corresponding in-law or step-relation or any other related person or non-related person who is part of the employee's household, or someone whose relationship with the employee is similar to that of a relationship described herein.

Restricted University Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data. See HR 3.4 Confidential Information for a listing of examples.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program, or office of the University in support of the University's mission.

IV. Policy

University employees have a duty to avoid entering into financial, business, or other relationships that conflict with the interests of the University or interfere with the performance of their professional duties. Accordingly, employees must disclose any relationship or activity if it compromises, or threatens to compromise, the employee's ability to act in the University's best interest or otherwise creates a conflict of interest as defined above.

To avoid a conflict, or prevent a situation from developing into a conflict, employees are expected to inform a supervisor or area vice president if, for example:

- A relative or friend is an applicant for a position at the University.
- A family member or close personal friend works for a business partner or competitor or is an executive with a competing institution.

In addition, the following activities or actions may constitute a conflict of interest and should be reported to a supervisor or area vice president:

- Engaging in consulting activities (with or without pay) or other outside business interest where there is a conflict of interest (see HR 4.2 Staff Outside Employment, Opportunities, and Other Activities and the Faculty Handbook as applicable for additional information).
- Purchasing goods or services for the University from businesses in which the employee or a relative of the employee has a financial interest, or because of such purchase, may directly benefit.
- Engaging in outside activities from which employees, their relatives or their businesses will gain financially because of the employee's position at the University.
- Holding of an equity, royalty, or debt instrument interest by the employee or an employee's relative in an entity providing to the University financial support, including research or other support or services, when such support will benefit the employee or relative.
- Holding a position as a trustee, officer, member, partner or employee in a party or organization that the employee knows to have business, directly or indirectly, with the University.
- Using University resources to benefit an outside source or relative (this could include employee time, University space, equipment, supplies, etc.).
- Disclosing restricted University data obtained through University employment for personal profit or gain, or for the profit or gain of a relative, business associate, or acquaintance.
- Soliciting or accepting gratuities or special favors such as meals, airline tickets, hotel accommodations, entertainment, sporting event tickets, etc., from any outside concern that does, or is seeking to do business with the University or extending gratuities or special favors to employees of the University under circumstances which might reasonably be interpreted as an attempt to influence employees in the performance of their duties. This

does not include the acceptance of items of nominal or minor value (\$100.00 or less) which are clearly tokens of respect or friendship and are not related to any particular transaction of the University, nor does it include business-related social events where the employee is representing the University's interest which is part of their official responsibilities.

Note that the above listing is not intended to be exhaustive. The University reserves the right to determine when an activity conflicts with the University's interests and to take whatever action is necessary to resolve the conflict.

Employees with questions as to whether an action or association would violate this policy are encouraged to contact either their supervisor or area vice president to obtain advice on the issue.

Resolution Procedures

1. The applicable area vice president will review all disclosures submitted in accordance with this policy.
2. The area vice president will discuss any perceived conflicts and appropriate remedies with the affected employee.
3. Conditions or restrictions may be imposed by the area vice president to manage, reduce or eliminate the conflicts of interest.
4. An affected employee may appeal the decision or action of the officer to the President within 10 business days of being notified of the decision or action. The President may designate individuals to assist them in the appeal process. A final decision on the appeal will be made by the President, whose decision shall be final.
5. In the event that a conflict of interest is identified by the area vice president, further review by the Vice President for Finance will also be required to determine if the conflict must be disclosed in the University's annual Form 990 filing.


V. Related Policies

HR 3.3 Confidential Information

HR 3.1 Rules of Conduct

HR 4.2 Staff Outside Employment, Opportunities, and Other Activities

HR 3.5 Non-Fraternization Policy

	Policy Title: Non-Fraternization Policy Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.5
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Non-Fraternization Policy

I. Purpose

The purpose of this policy is to establish a standard of conduct regarding an employee's engagement in a relationship involving another employee or student in a way that falls outside of normal work-related interactions and communications.

II. Scope/Applicability

All University employees, including volunteers and employees of contracted services.

III. Definitions/Key Terms

Employee: a person employed by the University, in any capacity, whether faculty or staff.

Employee Fraternization: an employee's engagement in a relationship involving another employee or student in a way that falls outside of normal work-related interactions and communications. Such a relationship is usually, but not exclusively, romantic or sexual in nature. It also may include, for example, a private employment relationship.

Romantic or Sexual Relationship: one in which two people are engaged by mutual consent in an emotionally (romantic) or physically (sexually) intimate relationship.

IV. Policy

Virginia Wesleyan University is committed to creating and maintaining a working and learning environment in which all of its community members feel they are safe. Mutual trust and respect are essential elements in the educational process and employment relationship; care must be exercised to assure that employees' safety and comfort are not damaged.

Core Principles

1. No employee shall pursue, have, or maintain a romantic or sexual relationship with any student. Significant social (outside of educational, mentoring/advising, or athletic) relationships between University employees and students are also prohibited. Even where there is no such relationship, employees are expected to exercise a high level of professionalism and avoid situations that may create the appearance of an inappropriate relationship.

2. The University strongly discourages romantic or sexual relationships between employees, especially among those within the same department, and prohibits them between employees in supervisory relationships. These relationships create concerns about consent and fairness of treatment of the involved employees and others in the department, may create a conflict of interest, and may damage the trust and respect within the University and its community members.
 - a. If a romantic or sexual relationship between employees in supervisory relationships should develop contrary to the above policy, it is the responsibility and obligation of the supervisor involved in the relationship to disclose the existence of the relationship to Human Resources. The non-supervisor employee may make the disclosure as well, but the burden of doing so shall be on the supervisor.
3. A relationship that contravenes the provisions of (1) or (2) above also may constitute a violation of the University's non-discrimination and sexual harassment policies and, thus, may be subject to disciplinary actions under those policies.
4. No University employee shall retaliate against an individual for reporting a relationship in violation of this policy or participating in an investigation. Any act of retaliation or reprisal violates this policy and will be treated as a separate matter. Anyone found to have retaliated against someone making a report or participating in an investigation or disciplinary proceeding will be subject to appropriate discipline procedures.

Special Circumstances

There may be exceptional circumstances in which the spouse, partner, or family member of a faculty or staff member is a student at the University; or, there may be a relationship that pre-exists the enrollment in, or employment at, the University. Such exceptional circumstances or relationships must be reported to the Director of Human Resources at the time of employment or enrollment. Under no circumstances will an employee be permitted to supervise another employee involved in such a relationship or a family member, or member of the same household.

Violations

1. An employee of the University who becomes aware of a relationship prohibited by this policy or not disclosed as required under this policy shall report such relationship to the Senior Vice President (if the person engaged in the relationship is a student) or the Director of Human Resources (if the person engaged in the relationship is an employee; including volunteers and contracted services). Violations involving a faculty member shall be disclosed to the Provost and Vice President for Academic Affairs. All disclosures are kept confidential.
2. Relationships reported as being in violation of this policy will be reviewed by the Director of Human Resources and the vice president overseeing the specified division to assure there is no conflict of interest or risk of damage to the University, its students, or other employees as a result. If such a risk is determined to be present, the University may take steps to eliminate the risk such as a change in supervision or work assignment.
3. Violations of this policy are considered to be unprofessional conduct and may be grounds for disciplinary action with consequences up to and including termination of employment for administrators or staff members, or dismissal for cause in the case of faculty members.

V. Related Policies


HR 3.22 Discrimination and Harassment (Students and Students)

HR 3.2 Statement of Non-Discrimination

HR 3.21 Title IX Sex Based Harassment and Discrimination Policy

Faculty Handbook Harassment Policy

HR 3.6 Policy Against Fraud

	Policy Title: Policy Against Fraud Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.6
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Policy Against Fraud

I. Purpose

The purpose of this policy is to provide guidance to employees when misuse or misappropriation of University resources is suspected and to facilitate the development of protocols and practices which will aid in the detection and prevention of fraud.

II. Scope/Applicability

All University employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University.

III. Definitions/Key Terms

Fraud: a willful or deliberate act (or failure to act) with the intention of obtaining an unauthorized benefit (financial or otherwise) for oneself, a third party or the university, by deception or other unethical means which are believed and relied upon by others. Depriving another person or the University of a benefit to which they are entitled by using any of the means described above also constitutes fraud.

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

IV. Policy

Virginia Wesleyan University is committed to the highest standards of moral and ethical behavior. These standards, and the subject of appropriate behavior, are outlined in the *Student Handbook*, *VWU Policy and Procedure Handbook*, and *Faculty Handbook* and should be observed by all students, employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University.

Fraudulent activity of any kind, including for the benefit of Virginia Wesleyan University, is expressly forbidden. All fraudulent acts are included under this policy and include, but are not limited to, such things as:

- Embezzlement, misappropriation or other financial irregularities

- Forgery or alteration of documents (checks, time sheets, contractor agreements, purchase orders, other financial documents, electronic files)
- Improprieties in the handling or reporting of money or financial transactions
- Misappropriation of funds, securities, supplies, inventory, or any other asset (including furniture, fixtures, or equipment)
- Authorizing or receiving payment for goods not received or services not performed
- Authorizing or receiving payments for hours not worked
- Misapplication, destruction, removal, or concealment of property
- False claims by students, employees, vendors, or others associated with Virginia Wesleyan University
- Theft of any asset including, but not limited to, money and tangible property
- Inappropriate use of computer systems, including hacking and software piracy
- Bribery, rebate, or kickback
- Intentional misrepresentation of facts

While a fraudulent act may have criminal and/or civil law consequences, Virginia Wesleyan University is not required to use a determination by a criminal justice authority to criminally prosecute as the basis for determining whether an act is fraudulent. It is the internal determination that the above criteria are present that defines an act as fraudulent under this policy.

Responsibilities

Vice presidents, and all levels of management, are responsible for establishing and maintaining proper internal controls that provide security and accountability for the resources entrusted to them.

Management personnel are expected to be familiar with the risks and exposures inherent in their areas of responsibility and be alert for any indication of improper activities, misappropriation, or dishonest activity.

Reporting and Protection Against Retaliation

Any member of the campus community who has a reasonable basis for believing a fraudulent act has occurred, has a responsibility to promptly notify their supervisor, the appropriate vice president or, if appropriate, the Director of Security. In addition, members of the campus community may utilize the reporting procedures in HR 3.7 Whistleblower Policy. Members of the campus community who, in good faith, report suspected fraudulent activity are protected against retaliation by Virginia Wesleyan University for making such a report. The reporting member of the campus community shall refrain from confrontation of the suspect, further examination of the incident, or further discussion of the incident with anyone other than the employee's or student's supervisor or others involved in the resulting review or investigation.

Sanctions

Anyone found to be making an intentional or misleading claim under this policy will be disciplined, up to and including termination of employment or expulsion from the University.

Great care is to be taken in dealing with suspected fraudulent activities to avoid any incorrect accusations, alerting suspected individuals that an investigation is under way, violating anyone's right to due process, or making statements that could lead to claims of false accusation or other civil rights violation(s).

Anyone found to have participated in fraudulent acts as defined by this policy will be subject to disciplinary action, up to and including termination. Additionally, employees suspected of perpetrating fraudulent acts may be suspended during the course of the investigation. When disciplinary action is warranted, the Director of Human Resources shall be consulted prior to taking such action. Criminal or civil actions against employees who participate in unlawful acts will be forwarded to the appropriate agency. The employment of any employee involved in the perpetration of fraud will ordinarily be terminated.


Students found to have participated in fraudulent acts as defined by this policy will be subject to disciplinary action pursuant to the Student Standards of Conduct and/or the Student Handbook. When disciplinary action is warranted, the Senior Vice President shall be consulted prior to taking such action. Additionally, criminal or civil actions against students who participate in unlawful acts will be forwarded to the appropriate agency.

The relationship of other individuals or entities associated with Virginia Wesleyan University found to have participated in fraudulent acts as defined by this policy will be subject to review, with possible consequences including termination of the relationship. When action is warranted, legal counsel shall be consulted prior to taking such action. Additionally, criminal or civil actions against individuals or entities associated with Virginia Wesleyan who participate in unlawful acts will be forwarded to the appropriate agency.

V. Related Policies

HR 3.1 Rules of Conduct
Standards of Conduct (Students)
HR 3.7 Whistleblower Policy

HR 3.7 Whistleblower Reporting

	Policy Title: Whistleblower Reporting Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.7
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Whistleblower Reporting

I. Purpose

The purpose of this policy is to set forth procedures under which an employee of Virginia Wesleyan University can report suspected unlawful and/or unethical behavior by an employee or official of the University and be protected against retaliation in the form of an adverse employment action.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Baseless Claim: an allegation made with reckless disregard for its truth or falsity.

Good Faith Report: an allegation of wrongful conduct made by an individual who believes that wrongful conduct may have occurred. However, an allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

Protected Disclosure: communication about actual or suspected unethical behavior or wrongful conduct engaged in by a member of the University community based on a good faith and reasonable belief that the conduct has both occurred and is wrongful under applicable law and/or University policy.

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

Wrongful Conduct: includes but is not limited to violations of applicable state and federal laws or regulations, fraud, accounting irregularities, auditing abuse, falsification of records, improper destruction of University records, conflicts of interest, impeding a University or law enforcement investigation, violation of a government contract or grant requirement, research misconduct, serious violation of University policy, or the use of University property, resources, or authority for personal gain or other non-University related purpose except as provided under University policy.

IV. Policy

Virginia Wesleyan University expects its employees and officials to perform their duties in accordance with applicable federal, state, and local laws and regulations, University policies, and the highest ethical standards. At the same time, the University recognizes that wrongful conduct as defined by this policy, whether intended or not, may occur. The University, therefore, encourages each employee to report any wrongful conduct by an employee or official of the University.

Reporting Wrongful Conduct

Virginia Wesleyan University has a responsibility to investigate and report to appropriate parties' allegations of suspected wrongful conduct and to report the actions taken by the University. Any allegations of wrongful conduct that may result in subsequent actions bringing disciplinary charges against a faculty or staff member shall be coordinated with the applicable faculty or staff personnel conduct and disciplinary policies. In addition, if illegal activity is suspected, the case will be referred to local law enforcement.

1. All employees are encouraged to report possible wrongful conduct to their immediate supervisor or department head and to the President.
2. Members of contracted services, including Food Service, Facilities Management, Student Health Center and Sports Medicine operations, as well as other external campus-based organizations are encouraged to follow the policies and procedures of their respective organization. The campus-based representative should report wrongful conduct to the respective vice president and the President.
3. Anyone filing a written complaint concerning wrongful conduct or suspected wrongful conduct must be acting in good faith and have reasonable grounds for believing the information disclosed indicates wrongful conduct.
4. Under this policy, an employee that believes that there is a conflict of interest on the part of the person to whom the allegations of suspected wrongful conduct are to be reported, the next higher level of authority shall be contacted.
5. In the case of disclosure alleging wrongful conduct by the President, the disclosure shall be directed to the Chair of the Virginia Wesleyan University Board of Trustees.
6. The disclosure recipient, the party to whom the comment is made, will be responsible for:
 - a. Ensuring all investigations are carried out in a fair and unbiased manner.
 - b. Ensuring that those making complaints and/or reporting compliance concerns are treated fairly, their confidentiality is protected to the extent the law allows, and no retaliation takes place.
7. Employees reporting suspected wrongful conduct may do so orally, but they are encouraged to make such reports in writing so as to assure a clear understanding of the issues raised. Written allegations of suspected wrongful conduct should include the following information:
 - a. The name, address and position of the complainant
 - b. The name and title of the VWU employee or official against whom the complaint is made
 - c. A detailed description of the time, place(s), and manner in which the wrongful conduct occurred along with a reference to any records that might document the misconduct

Whistleblower Protection

University employees may not retaliate against a whistleblower with the intent or effect of adversely affecting the terms or conditions of employment or enrollment. If the whistleblower has made a confidential report, the University will exercise reasonable care to keep the whistleblower's identity and the report confidential, unless:

1. The whistleblower agrees to the disclosure.
2. Disclosure is necessary to allow the University or law enforcement officials to investigate or respond effectively to the report.
3. Disclosure is required by law.
4. The person(s) accused of violations by the whistleblower are entitled to the information as a matter of institutional due process in disciplinary proceedings.

When a person reports allegations of suspected wrongful conduct to an appropriate authority, the report is known as a protected disclosure. University employees who make a protected disclosure are protected from retaliation. Employees who reasonably believe that a University employee has retaliated against them may file a written complaint with the President. Each retaliation complaint will be reviewed and investigated in a systematic and timely manner. A valid retaliation complaint will result in appropriate disciplinary action. Such disciplinary action may include termination, suspension, expulsion, cancellation of the applicable vendor contract, removal from campus and/or any other action the University deems necessary.

The prohibition against retaliation is not intended to prohibit supervisors or department heads from exercising legitimate supervisory responsibilities in the usual scope of their duties, other University policies, and valid performance-related factors.

Baseless Claims

A baseless claim results when an allegation is made with reckless disregard for its truth or falsity. Employees who make a baseless claim may be subject to disciplinary action by the University and/or legal recourse by individuals who are falsely accused.

Other Remedies and Appropriate Agencies


In addition to the internal complaint process set forth above, any member of the campus community who has information concerning allegedly unlawful conduct may contact the appropriate government agency or notify the Virginia State Attorney.

Record Retention

The University will retain any reported complaints or concerns regarding wrongful conduct and will maintain a record of its efforts to investigate and resolve any complaints or concerns for a period of no less than seven (7) years.

V. Related Policies: Not Applicable.

HR 3.8 Employment Verification and Reference Requests

	Policy Title: Employment Verification and Reference Requests Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.8
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Employment Verification and Reference Requests

I. Purpose

The purpose of this policy is to provide guidance to University employees regarding how requests from outside the University for a reference or information about a current or former University employee or students should be addressed.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

All requests for employment verification and/or references should be sent to Human Resources. No individual employee is authorized to comment on the performance of a former employee or provide references. Human Resources will provide employment information, past or current, when properly requested.

Former Employees: Human Resources will respond in writing confirming dates of employment and position held. The following statement will be written on each employment verification and/or reference request: *It is the policy of Virginia Wesleyan University to confirm only dates of employment and position held.*

Current Employees: Human Resources will verify employment hire date and position held for current employees. Salary information will be provided only when an employee has provided written authorization for the release of such information.

Students: Faculty and staff may provide personal references for current or former students when warranted in accordance with the guidelines below.

Guidelines for writing recommendations for current or former students:


1. Obtain a written or electronic request or authorization for the recommendation from the student.

2. State in the written communication, *"This information is confidential, should be treated as such, and is provided at the request of [name of student], who has asked me to serve as a reference."*
3. Include only information known to be accurate.
4. If giving an opinion, explain the incident or circumstances upon which the opinion is based.
5. Be able to document all the information released.
6. If a "to whom it may concern" communication is requested, document that this is the type of reference requested and that the student takes responsibility for disseminating the communication to the proper persons.
7. Before disclosing educational information covered by FERPA (e.g. student's transcripts, GPA, social security numbers, etc.), the written consent of the student must be obtained.

V. Related Policies

Not Applicable.

HR 3.9 Institutional Data Requests

	Policy Title: Institutional Data Requests Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.9
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Institutional Data Requests

I. Purpose

The purpose of this policy is to ensure that the institutional data represented to the public and any external agencies/entities is consistent and factually correct, as well as to avoid any unnecessary duplication of effort in responding to such requests.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Institutional Data Request(s): a request for information about Virginia Wesleyan students, courses, faculty, finances, research, department, or programs that is used to support the administration of the University or its programs.

IV. Policy


The Office of Institutional Research is responsible for all mandatory reports to regulatory agencies, accreditors, Federal and State agencies, professional organizations, the NCAA, and other similar external bodies. Institutional Research is also the first point of contact for all internal requests for institutional data and analysis. Reports to such entities shall not be completed and submitted without the consent and knowledge of the Office of Institutional Research.

All requests for Institutional Research must be approved by the divisional vice president.

V. Related Policies

Not Applicable.

HR 3.10 Personal Mail

	Policy Title: Personal Mail Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.10
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Personal Mail

I. Purpose

The purpose of this policy is to ensure efficient handling procedures for the sending and receipt of the personal mail of employees on campus.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Sending Mail

The Office of Duplication and Postal Services is located within the Scribner University Store in the Jane P. Batten Student Center. As a courtesy, this office will send any stamped personal mail from employees. Personal mail must be sealed and have correct postage. Personal mail will not be billed to a departmental account.

Receiving mail

Duplication and Postal Services will not process interoffice mail or packages.


Virginia Wesleyan University requires all faculty and staff to receive their personal mail at an address other than Virginia Wesleyan University. All packages that are delivered to the campus are subject to being opened and inspected. Failure to comply with this policy could result in personal packages being refused by Duplication and Postal Services and returned to the sender.

Except for Residence Life staff who live on campus, Virginia Wesleyan University should not be given as a permanent address.

V. Related Policies

Not Applicable.

HR 3.11 Employee ID Cards

	Policy Title: Employee ID Cards Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.11
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Employee ID Cards

I. Purpose

The purpose of this policy is to ensure access to campus facilities, facilitate identification of employees, and provide access to applicable University facilities, discounts, resources, and events.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

When new employees join the Virginia Wesleyan staff, they are issued a Virginia Wesleyan identification card. The ID card verifies identity and validates the individual's relationship with the University. As such, employees are expected to have their ID Card with them when on campus.

The ID Card is needed for use at the Henry Clay Hofheimer II Library, special events and athletic games, and for dining hall discounts. The card is not transferable and may not be loaned or used by others. Duplication or alteration of an ID Card is prohibited.

An ID Card that needs to be replaced because of normal use, name change, or transfer will be replaced by the University at no charge.


The ID Card must be turned into the Director of Human Resources when employment is terminated.

Lost cards should be reported to Human Resources.

V. Related Policies

Not Applicable.

HR 3.12 Minor Children in the Workplace

	Policy Title: Minor Children in the Workplace Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.12
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Minor Children in the Workplace

I. Purpose

The purpose of this policy is to promote the health, safety, and welfare of Minor Children on University property and to establish guidelines for supervisors and course instructors who are responsible for addressing issues of minor children in the workplace and classroom or laboratory facilities. It also outlines responsibilities for parents and caregivers for any minor children they are permitted to bring to University facilities.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Minor Child//Children: means any person under the age of 18 who is not a matriculated Virginia Wesleyan University student or employee.

High Risk Area: includes any area with hazardous levels of radiation; hazardous chemicals or substances; hazardous biological agents or vectors; or hazardous equipment or processes. Examples of areas with these characteristics include, but are not limited to: laboratories; facilities workshop areas; mechanical rooms; boiler rooms; construction areas; maintenance garages; food preparation areas; sensitive areas such as data processing center(s), data equipment closets, and areas that house systems that store, process, or transmit confidential data.

IV. Policy

Virginia Wesleyan University grounds and infrastructure are designed to provide an environment conducive to academic and workplace activities. For reasons that include safety of minor children and assuring professional, efficient performance of academic pursuits, operations, and services, the University generally will not accommodate minor children in campus workplaces, classrooms, and residence rooms on a regular basis, and prohibits minor children from visiting high-risk areas such as laboratories and physical plants.

The University recognizes there may be other occasions when it becomes necessary to accommodate a minor child in the workplace and on campus. Regardless of the reason for the visit, the following guidelines shall be followed:

1. Children visiting campus for any reason must be under direct supervision of the parent or guardian at all times.
2. If an emergency situation arises that requires an employee to obtain alternate childcare, the employee may use appropriate accrued leave hours or leave without pay.
3. The University recognizes and respects the need to accommodate lactating mothers (of all work groups and levels) who choose to express breast milk, without discrimination. For nursing parents, private lactation rooms are available for nursing and breast milk expression. Refrigerators are also available. See HR 3.19 Reasonable Accommodations for Pregnancy in the Workplace.
4. In those exceptional circumstances where it is necessary to bring a minor child to work or class, the following apply:
 - a. Permission must be sought and obtained from the appropriate faculty member or supervisor before bringing a minor child into the classroom or from the employee's supervisor before bringing a minor child into the workplace, as applicable.
 - b. Regardless of permissions received, a member of the University community bringing a minor child to campus is solely responsible for the child's safety and actions and may not ask another member of the community to accept responsibility for looking after the child. The University cannot and will not accept liability for the child's presence on campus.
 - c. The minor child may not use University equipment, including but not limited to computers, telephones, and other information technology resources.
 - d. The minor child is prohibited from entering high risk areas as defined in this policy.
 - e. Any request by a faculty member, supervisor, or other appropriate University official that the minor child leave the classroom or workspace must be honored immediately.

Violations of the policy, procedures and guidelines are subject to appropriate discipline.


This policy, including but not limited to the procedures and guidelines therein, is subject to change due to health and safety considerations.

V. Related Policies

HR 5.1 Payroll Policies

HR 3.19 Reasonable Accommodations for Pregnancy in the Workplace

HR 3.13 Professional Appearance and Dress

	Policy Title: Personal Appearance and Dress Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.13
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Professional Appearance and Dress

I. Purpose

The purpose of this policy is to provide guidelines of workplace appearance and attire for University employees that are reasonable, fair, consistent, and are based upon the requirements of each individual position and department.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

All employees are considered representatives of Virginia Wesleyan University. It is therefore expected that all employees will project a professional and business-like appearance and attire in dealing with other employees, students, and the general public during business hours or when otherwise representing the University.

The University reserves the right to define appropriate professional standards of appearance for the workplace. Uniforms may be required for certain positions. Supervisors are expected to communicate their department or unit's workplace attire and professional appearance standards during new hire orientation.

Repeated violations of this policy may result in disciplinary or corrective action.

Procedures


Supervisors are responsible for establishing reasonable workplace attire and professional appearance standards appropriate to the department. If these standards are not met, the employee may be asked not to wear the inappropriate item to work again. If the problem persists, the employee may be sent home to change clothes and will receive a verbal warning for the first offense. All other policies about personal time use will apply. Corrective disciplinary action may be applied if violations continue.

Employees are encouraged to consult with their supervisor if they have questions as to what constitutes appropriate attire or appearance. Moreover, employees seeking an exception to a department professional appearance standard to accommodate a religious practice or medical condition that makes it difficult to comply with the standard are encouraged to consult with Human Resources.

V. Related Policies

Not Applicable.

HR 3.14 Record Retention

	Policy Title: Record Retention Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.14
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Record Retention

I. Purpose

The purpose of this policy is to ensure that University records and documents are adequately protected and maintained in accordance with federal and state law and to ensure that records that are no longer needed or of no value are disposed of at the appropriate time and with proper methods.

II. Scope/Applicability

All University employees and other third-parties acting on behalf of the University who are authorized to access University records.

III. Definitions/Key Terms

Confidential Information: means any information relating to the University's business or operations that is not intended to be made available to the public at large, including information concerning the University's: (1) employees and students, such as salary levels, professional fees, prices, personnel records, background checks and conflicts of interest disclosures, and other non-public information about individuals; (2) business arrangements, such as contractual arrangements with contractors, strategic plans, potential affiliations and contracts, acquisitions and mergers, business and donor relationships, planned investments, marketing strategies and software development (including source code); computer system passwords and security codes; (3) research, such as grant proposals and findings, unpublished research data, results, manuscripts and correspondence, invention disclosures and other unpublished intellectual property; (4) non-public financial, procurement, health-safety, audit insurance, and claims information; (5) non-public information relating to internal investigations, pre-litigation and litigation and administrative agency charges, audits and inquiries; and (6) other information whose confidentiality is protected by law or University policies.

University Record: the original copy of any record, regardless of format, of the University's business transactions, activities, organization, or history that is created, received, recorded, or legally filed in the course of fulfilling the University's mission. Records include paper and electronic documents, microforms, audio/video recordings, and emails. Examples of records include, but are not limited to, contracts, minutes, correspondence, memoranda, financial records, published materials, photographs, sound recordings, video recordings, drawings and maps, and computer data.

IV. Policy

The efficient management of University records is necessary to support the University's Mission, to comply with its regulatory obligations, to contribute to the effective overall management of the institution, to preserve its history, and to ensure that records that are no longer needed or of no value are discarded at the appropriate time. The University, therefore, requires University records to be retained for a period specified in each department's respective Records Retention Schedules to ensure that efficient and effective retention of University records are well documented and enforced. University records, in their original form, may be destroyed after they have been retained for the minimum period (see Destruction of Records below). At the discretion of the appropriate area vice president, University records may be retained for a longer period of time.

The President may exempt from destruction documents created or received that the President determines are historical, strategically, or otherwise valuable to the University. In addition, data stored on obsolete electronic administrative systems may be exempted from destruction as determined by the area vice president on a case-by-case basis.

Department Responsibilities

Each department head of the University will be responsible for ensuring that the department retains records on behalf of the University. Each department will create and retain a department Records Retention Schedule and the vice president with oversight of the department is responsible for executing and overseeing the execution of that schedule. Each department head will be responsible for reviewing and updating the schedule and, if necessary, make recommendations to the area vice president of required changes.

The minimum retention period commences from the date of the last transaction entered in the records, such as completion of a contract or research pursuant to a grant. Unless otherwise specified, the retention period set forth in the schedule begins at this point in time.

Filing, Archiving, and Storage of University Records

University records must be stored while in active use, within access of the employees using the records. At the end of active use, records to be retained pursuant to the department Record Schedule are moved to the identified archives for the records. The records in current use must be filed and maintained in accordance with department procedures.

The University's archives are used to store historical information, including, but not limited to copies of University publications, event programs, commencement programs, emeriti faculty, retired faculty and officers, minutes of University standing committees, Board of Trustees minutes, copies of the vice presidents' and the President's annual reports, and other pertinent historical information.

Destruction of Records

University Records must be maintained and destroyed in a manner that supports operational needs, internal control directives, and must also meet, if applicable federal, state, and regulatory requirements. Records to be destroyed that contain confidential information will be shredded or

otherwise rendered unreadable. Records that do not contain confidential information may be disposed of in an appropriate manner in compliance with location sanitation and recycling laws and regulations. Disposal of University records stored on electronic equipment or that contain electronic data also must comply with Malbon Center for Technology internal controls regarding the destruction and disposal of University electronic equipment and data.

Legal Holds

The destruction of University Records will be suspended immediately upon notice that an investigation, audit (other than an audit of the University's financial statements by its independent public accountants), or litigation is pending, imminent, or reasonably foreseeable. The suspension will be tailored to cover only those records relevant to the investigation, audit, or litigation.

Retention procedures will be suspended when in the judgment of the University's legal counsel, a record or group of records should be placed on legal hold. A legal hold requires preservation of appropriate records under special circumstances, such as litigation or government investigations. The University's legal counsel determines and identifies what records are required to be placed under a legal hold.

Employees will be notified if a legal hold is placed on records for which they are responsible. Employees are then required to locate, index, segregate, and protect the necessary hard copy records and notify Information Technology if the records are in electronic form. Any record that is relevant to a legal hold must be retained and preserved. Employees unsure whether a document is relevant to a legal hold must protect that document until otherwise instructed by the University's legal counsel.

A legal hold remains effective until it is released in writing by the University's legal counsel. After receiving written notice, employees may return all records relevant to the legal hold to their normal handling procedures and the department Records Retention Schedule.


Sanctions

Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the University and its employees and possible disciplinary action against responsible individuals.

VI. Related Policies

Not Applicable.

HR 3.15 Solicitation and Distribution of Literature in the Workplace

	Policy Title: Solicitation and Distribution of Literature in the Workplace Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.15
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Solicitation and Distribution of Literature in the Workplace

I. Purpose

The purpose of this policy is to establish rules governing solicitation and the distribution of literature on University premises by employees and nonemployees.

II. Scope/Applicability

All University employees and campus visitors.

III. Definitions/Key Terms

Literature Distribution: means handing out or giving employees written materials about causes, products, charities, unions, or political issues.

Solicitation: includes asking employees on University property or using University resources (including without limitation bulletin boards, computers, mail, e-mail and telecommunication systems, photocopiers and telephone lists and databases) for funds or contributions; to purchase goods for charitable or commercial purposes; to sign petitions; to join or become members of a group; to support political candidates; or to support or commit to causes, groups, or interests. Solicitation does not include brief informational conversations that are so limited that they do not interrupt employees' work.

Working Time: the time assigned for the performance of the employee's job and does not apply to break periods and mealtimes.

Work Areas: all areas of the University in which regular University activity takes place, including without limitation offices, classrooms, lecture halls, libraries, dining areas, etc.

IV. Policy

Permitted Employee Solicitation and Literature Distribution

Virginia Wesleyan University does not interfere with, restrain, or coerce employees in exercising their rights under federal or state labor laws (see Appendix). Accordingly, the University allows employees to solicit co-workers about causes, interests, political issues, unions, or union organizing during meal and rest breaks and during any other period of non-working time if employees do not disrupt or interfere with ongoing University operations or harass other

employees. Similarly, employees may distribute written information or materials to co-workers in nonwork areas during meal and rest breaks or whenever the employees and their co-workers aren't working.

NOTE: The University reserves the right to refuse permission to any individual or group for solicitation at any time that impedes normal University activity; that violates this policy; or special circumstances exist on campus, which make distribution or solicitation inappropriate.

Prohibited Employee Solicitation and Literature Distribution

Solicitations of any kind, including but not limited to the solicitation of products or services, distribution of literature or information, and collection of monies by employees in the working areas of the University, whether it is in person or by means of a University information system, supplies, services, or equipment (e.g., telephones, voice mail, e-mail, computer systems, FAX, interoffice mail, and bulletin boards) during working time is generally prohibited without prior approval from the Vice President for Finance.

Work time does not include break periods, mealtimes, or other specified periods during the workday when employees are not engaged in performing their work tasks. Furthermore, the posting or distribution of non-work-related material shall be limited to non-work areas. In no circumstance is it acceptable for an employee to try to coerce other employees to buy something.

The Vice President for Finance may make an exception to the above prohibitions.

Exceptions

The University does not restrict employees' involvement in University-sponsored or sanctioned activities connected with the charity drives or the University's wider public mission. Moreover, employees may solicit funds for events and activities approved by the department head, such as sending flowers to sick or bereaved co-workers or collecting funds for University-sponsored parties or picnics.

Prohibited Discrimination and Harassment

The University prohibits any solicitation or distribution of literature that is discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene. To ensure appropriateness of literature, all written materials must be screened in advance by Human Resources and stamped and dated.

The University expects employees to respect the desires of co-workers who don't wish to receive handouts or talk to employees who solicit their support for causes, products, interests, or organizations. Accordingly, the University prohibits employees from pressuring co-workers to contribute to or get involved in any causes or activities, even if the causes or activities are sanctioned by the University.

Sanctions

Violations of this policy may result in the University taking appropriate disciplinary action against the violator, up to and including discharge from employment.

Retaliation against anyone for reporting an actual or suspected violation of this policy in good faith will not be tolerated and will subject the individual engaging in the retaliation to disciplinary or corrective action up to and including termination or dismissal. Any complaints about retaliation may be reported to Human Resources.

Confidentiality of individuals reporting violations of this policy will be protected to the extent deemed reasonable and appropriate by the administration.

Solicitation/Literature Distribution by Non-Employees

The University prohibits nonemployees from entering campus to solicit support, proselytize, distribute literature, or sell products or services. University employees should contact Campus Security or Human Resources immediately to report non employee violations of this policy.

V. Related Policies

HR 3.2 Statement of Non-Discrimination

Employee Rights Under the National Labor Relations Act


Summary of the Act

Purpose of the Act. It is in the national interest of the United States to maintain full production in its economy. Industrial strife among employees, employers, and labor organizations interferes with full production and is contrary to our national interest. Experience has shown that labor disputes can be lessened if the parties involved recognize the legitimate rights of each in their relations with one another. To establish these rights under law, Congress enacted the National Labor Relations Act. Its purpose is to define and protect the rights of employees and employers, to encourage collective bargaining, and to eliminate certain practices on the part of labor and management that are harmful to the general welfare.

What the Act provides. The National Labor Relations Act states and defines the rights of employees to organize and to bargain collectively with their employers through representatives of their own choosing or not to do so. To ensure that employees can freely choose their own representatives for the purpose of collective bargaining, or choose not to be represented, the Act establishes a procedure by which they can exercise their choice at a secret-ballot election conducted by the National Labor Relations Board. Further, to protect the rights of employees and employers, and to prevent labor disputes that would adversely affect the rights of the public, Congress has defined certain practices of employers and unions as unfair labor practices.

How the Act is enforced. The law is administered and enforced principally by the National Labor Relations Board and the General Counsel acting through 52 regional and other field offices located in major cities in various sections of the country. The General Counsel and the staff of the Regional Offices investigate and prosecute unfair labor practice cases and conduct elections to determine employee representatives. The five-member Board decides cases involving charges of unfair labor practices and determines representation election questions that come to it from the Regional Offices.

HR 3.16 Emergency Conditions and Campus Closings

	Policy Title: Emergency Conditions and Campus Closings Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.16
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Emergency Conditions and Campus Closings

I. Purpose

The purpose of this policy is to clarify expectations regarding reporting to work issues when the University's normal campus operations and schedule is altered due to weather-related conditions, possible hazardous travel conditions, or emergency.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Emergency Personnel: personnel designated by the University to be critical to the continuation of key University operations and services when the University is not operating normally.

IV. Policy

The University may alter normal campus operations and schedule due to weather-related conditions, possible hazardous travel conditions, or emergency. When the University is open and operating normally, employees are expected to make every effort, ensuring their personal safety, to be present at work. Individual academic and administrative departments do not have the authority to close and release employees; such decisions will be made on a University-wide basis by the President.

If an emergency occurs that may require an adjustment in work schedules for an individual department or small number of departments (e.g., power outage or flood in a single building), employees should work from another location if possible. Area supervisors must obtain permission from the Office of the President before releasing employees from work for more than a short period of time.

Notification

All announcements regarding changes to the University's operating schedule will be posted to the University's website (www.vwu.edu) and the University's official social media pages as soon as decisions are made. Employees are expected to consult one of these sources for weather or emergency information.

Individual departments are responsible for communicating decisions about whether any special events they sponsor are postponed or canceled. Members of the University community should contact the sponsoring departments directly for information about such events.

Employee Expectations

All University Employees

When the University is open and operating normally, employees are expected to report to work. During inclement weather, employees are expected to plan accordingly, including accounting for extra time needed to travel to and from work. If an employee decides not to remain at or report to work because of concerns about traveling safely, employees may use paid annual leave (PAL) or other accrued time without advance approval. Employees must promptly notify their supervisors in these situations.

When the University directs employees not to report to or remain on campus during a delayed opening, early release, or closure, employees are not charged paid annual leave unless their time off was already scheduled and approved. If an employee is on a scheduled vacation or leave during an official University closing, delay, or early release, the employee's time will be charged accordingly.

Employees who are not on a pre-approved leave during a delayed opening, early release, or closure are expected to be accessible and responsive to their supervisors as needed during their regularly scheduled work hours. Supervisors may require that employees check and respond to email regularly, respond to work calls, or attend virtual meetings, and may expect that assigned work that can be accomplished remotely is completed on time regardless of emergency cancellations. Likewise, supervisors may make reasonable adjustments to be able to continue University business, (e.g., virtual meetings, teleconferences, email) and employees who would normally be present at work may be required to participate.


Essential Personnel

When the University has a delayed opening, early release, or closure, only specified essential personnel are required to report to or remain at work unless announcements by the area supervisor to contrary to this are made or the employee was otherwise not scheduled to work that day. At the time of hire, specified essential personnel will be notified of their status by the hiring supervisor. Employee designation may change based on the emergency but should occur before a University closure. Designations should be approved by the area supervisor and Human Resources.

Essential personnel normally do not receive compensatory time or extra compensation for working during their regularly scheduled hours when the University has a delay, early release, or is closed.

V. Related Policies

HR 5.1 Payroll Policies

	Policy Title: Reasonable Accommodations for Disabilities in the Workplace Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.17
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Reasonable Accommodations for Disabilities in the Workplace

I. Purpose

The purpose of this policy is to set forth the University's processes for responding to requests from employees for reasonable accommodations in the workplace due to a disability.

II. Scope/Applicability

All University employees. The University applies this policy to all personnel and employment practices, including, but not limited to, hiring, promotion, transfer, recruitment or recruiting advertising, layoff or termination, and compensation, as well as the employee's assigned work duties an employee is performing.

III. Definitions/Key Terms

Disability: a sensory, physical, or mental impairment that substantially limits one or more of the major life activities of an individual; and a record of such an impairment. A sensory, mental, or physical impairment that (i) is medically cognizable or diagnosable; or (ii) exists as a record or history.

Essential Functions of the Job: refer to those job activities that are determined by the University to be essential or core to performing the job; these functions cannot be eliminated.

Reasonable Accommodation: any change in the workplace or in the way things are customarily done that provides an equal employment opportunity to an individual with a disability that does not cause an undue hardship to the University. The University provides reasonable accommodation:

- When an individual with a disability needs a reasonable accommodation to have an equal employment opportunity in the application process.
- When an individual with a disability needs a reasonable accommodation to perform the essential functions of the position held or sought, or to gain access to the workplace.
- When an individual with a disability needs a reasonable accommodation to enjoy equal access to benefits and privileges of employment (e.g., details, trainings, office-sponsored events).

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report

under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

Undue Hardship: An action that is unduly costly, extensive, substantial, disruptive, or that would fundamentally alter the employment position and/or the nature or operation of the University.

IV. Policy

It is the policy of Virginia Wesleyan University to comply fully with the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act of 1990, and the Virginia Human Rights Act to ensure equal opportunity in employment for all qualified individuals with known disabilities. The University will endeavor to provide a reasonable accommodation(s) to a qualified employee or applicant (hereinafter collectively referred to as “employee/applicant” or “qualified individual(s)”) with a disability unless the accommodation would impose an undue hardship on the University.

The University prohibits retaliation in any form against any persons for seeking or receiving a reasonable accommodation in accordance with this policy.

Requesting a Reasonable Accommodation

The University will make a good faith effort to provide a reasonable accommodation to qualified applicants and employees with disabilities to ensure their equal access to employment with the University unless it would result in an undue hardship to the University.

For purposes of providing reasonable accommodation, applicants and employees are considered qualified if they possess the minimum qualifications of the position and can perform the essential functions of the position with or without reasonable accommodation.

Qualified Individuals who wish to request a reasonable accommodation may contact Human Resources. The University reserves the right to request additional documentation if the initial documentation the individual provides is incomplete or inadequate to determine the need for the accommodation(s).

Provision of Accommodations

The Director of Human Resources (or a designee), upon receipt of a request for an accommodation by a qualified applicant or employee, shall engage in the interactive process with the individual making the request. This shall be an informal process designed to determine the nature of the limitations resulting from the disability and the appropriate accommodation that will overcome this limitation.

Prior to providing an accommodation, the University reserves the right to require documentation prepared by an appropriate professional, including, but not limited to: a statement regarding how the individual’s disability affects a major life activity, and a recommendation of a reasonable accommodation.

Human Resources has discretion over the final determination of what reasonable accommodation(s) will be provided or if the request for the accommodation poses an undue hardship on the University. Human Resources' decision will be based upon its review of the materials submitted and after consultation with the employee's supervisor and, if applicable, the employee/applicant's healthcare provider(s). Factors that may affect an accommodation decision may include, but are not limited to, the availability of funding, the amount of disruption of work of other employees, and the impact on the University's ability to conduct business.

If Human Resources determines that the employee/applicant qualifies for a reasonable accommodation(s) and that the accommodation(s) is not an undue hardship, Human Resources will select the appropriate reasonable accommodation(s). If, however, Human Resources determines that an accommodation will constitute an undue hardship on the University, supporting documentation will be provided to the employee/applicant stating the reasons.

Determination of Effectiveness of Accommodation

1. Employees/applicants are responsible for contacting Human Resources if a reasonable accommodation(s) is not implemented in an effective or timely way.
2. Changes should be considered if the accommodation is found not to be effective or if the accommodation becomes unreasonable for either the employee/applicant or the employer.
3. Current accommodations will be reviewed by Human Resources, the employee and the supervisor on at least an annual basis.
4. The process for identifying replacement accommodations may follow the same steps used in determining the initial accommodation.

Supervisor Responsibilities

Supervisors with concerns or questions regarding an employee with a disability in the workplace should consult with Human Resources before talking to the employee about those concerns.

Accommodation requests may not be denied by the supervisor or department before such requests, and possible alternatives, are thoroughly evaluated in consultation with Human Resources.

Confidentiality and Notification of Accommodation

Information and records about individual disabilities are treated as confidential information under applicable federal and state laws and are only provided to individuals on a need-to-know basis when authorized by the individual.

ADA Grievance Procedure

Any employee or qualified applicant with a documented disability adversely affected by the discriminatory behavior of a University employee may file a complaint under HR 3.22 Discrimination and Harassment (Staff and Student Respondents). Faculty may file a complaint under the Harassment policy in the Faculty Handbook.

Should an employee be denied a requested accommodation, the employee may appeal the decision by following either the staff or faculty grievance procedures as applicable.

In addition to the above, employees and applicants for employment who believe they have been subjected to unlawful discrimination on the basis of a disability may file a formal complaint with either or both of the federal and state government agencies or seek relief by filing a civil action in state court. Using a University internal process does not prohibit an individual from filing a complaint with these agencies.

Posting

In accordance with the Virginia Human Rights Act as amended, the University shall post in a conspicuous location information concerning an employee's right to reasonable accommodation for disabilities, as well as provide this policy to new employees upon commencement of their employment and any employee within 10 days of such employee's providing notice to the University that they have a disability.

V. Related Policies


HR 3.22 Discrimination and Harassment (Staff and Student Respondents)

HR 2.1 Equal Employment Opportunity

HR 3.18 Reasonable Accommodations for Pregnancy in the Workplace

Faculty Handbook Harassment Policy

HR 3.18 Reasonable Accommodation for Pregnancy in the Workplace

	Policy Title: Reasonable Accommodations for Pregnancy in the Workplace Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.18
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Reasonable Accommodations for Pregnancy in the Workplace

I. Purpose

The purpose of this policy is to set forth the University's processes for responding to requests from employees for pregnancy-related reasonable accommodations.

II. Scope/Applicability

All University employees. The University applies this policy to all personnel and employment practices, including, but not limited to, hiring, promotion, transfer, recruitment or recruiting advertising, layoff or termination, and compensation, as well as the employee's assigned work duties an employee is performing.

III. Definitions/Key Terms

Adverse Action: includes failure to reinstate an employee to her previous position or an equivalent position with equivalent pay, seniority, and other benefits when her need for a reasonable accommodation due to pregnancy, childbirth, or related medical condition (including lactation) ceases.

Disability: a sensory, physical, or mental impairment that substantially limits one or more of the major life activities of an individual; and a record of such an impairment. A sensory, mental, or physical impairment that (i) is medically cognizable or diagnosable; or (ii) exists as a record or history.

Essential Functions of the Job: refer to those job activities that are determined by the University to be essential or core to performing the job; these functions cannot be eliminated.

Reasonable Accommodation: any change in the workplace or in the way things are customarily done that provides an equal employment opportunity to an individual with a disability that does not cause an undue hardship to the University.

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

Undue Hardship: An action that is unduly costly, extensive, substantial, disruptive, or that would fundamentally alter the employment position and/or the nature or operation of the University.

IV. Policy

It is the policy of Virginia Wesleyan University to comply fully with all federal and state laws, including, but not limited to, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act of 1990, the Pregnant Workers Fairness Act of 2023, and Va. Code § 2.2-3909, to ensure equal opportunity in employment for all qualified individuals with known disabilities. The University will endeavor to provide reasonable accommodation to employees and applicants due to pregnancy, childbirth, or related medical condition (including lactation), unless the accommodation would impose undue hardship on the University.

The University prohibits retaliation in any form against any persons for seeking or receiving a reasonable accommodation in accordance with this policy. Moreover, in response to a request for a reasonable accommodation for pregnancy, childbirth, or related medical condition (including lactation), the University shall not:

- Take adverse actions against an employee.
- Deny employment or promotions.
- Require an employee to take leave if another reasonable accommodation can be provided.

Accommodation Requests

The interactive process for requesting reasonable accommodation for a person's pregnancy, childbirth, or related medical condition (including lactation) in the workplace may be initiated by an employee by contacting Human Resources.

Types of accommodations under Va. Code § 2.2-3909 include:

- More frequent or longer bathroom breaks
- Breaks to express breast milk
- Access to a private location other than a bathroom for the expression of breast milk
- Acquisition or modification of equipment or access to or modification of employee seating
- A temporary transfer to a less strenuous or hazardous position
- Assistance with manual labor
- Job restructuring
- A modified work schedule
- Light duty assignments
- Leave to recover from childbirth

Provision of Accommodations

The Director of Human Resources (or a designee), upon receipt of a request for a reasonable accommodation for a person's pregnancy, childbirth, or related medical condition (including lactation) shall engage in the interactive process with the individual making the request. This shall be an informal process designed to determine the nature of the limitations resulting from the

person's pregnancy, childbirth, or related medical condition (including lactation) and the appropriate accommodation that will overcome this limitation.

Prior to providing an accommodation, the University reserves the right to require documentation prepared by an appropriate professional.

Human Resources has discretion over the final determination of what reasonable accommodation(s) will be provided or if the request for the accommodation poses an undue hardship on the University. Human Resources' decision will be based upon its review of the materials submitted and after consultation with the employee's supervisor and, if applicable, the employee/applicant's healthcare provider(s). Factors that may affect an accommodation decision may include, but are not limited to, the availability of funding, the amount of disruption of work of other employees, and the impact on the University's ability to conduct business.

If Human Resources determines that the employee/applicant qualifies for a reasonable accommodation(s) and that the accommodation(s) is not an undue hardship, Human Resources will select the appropriate reasonable accommodation(s). If, however, Human Resources determines that an accommodation will constitute an undue hardship on the University, supporting documentation will be provided to the employee/applicant stating the reasons.

Determination of Effectiveness of Accommodation

1. Employees/applicants are responsible for contacting Human Resources if a reasonable accommodation(s) is not implemented in an effective or timely way.
2. Changes should be considered if the accommodation is found not to be effective or if the accommodation becomes unreasonable for either the employee/applicant or the employer.
3. The process for identifying replacement accommodations may follow the same steps used in determining the initial accommodation.

Supervisor Responsibilities

Supervisors with concerns or questions regarding this policy should consult with Human Resources before talking to the employee about those concerns.

Accommodation requests may not be denied by the supervisor or department before such requests, and possible alternatives, are thoroughly evaluated in consultation with Human Resources.

Confidentiality and Notification of Accommodation

Records about a person's pregnancy, childbirth, or related medical condition (including lactation) are treated as confidential information under applicable federal and state laws and are only provided to individuals on a need-to-know basis when authorized by the individual.

Policy for Supporting Nursing Mothers

In keeping with the Fair Labor Standards Act and Va. Code § 2.2-3909, all female faculty, staff and student-employees who breastfeed their child (collectively referred to herein as “nursing mothers”) may breastfeed or express milk during work hours using their normal breaks and meal times. For time that may be needed beyond the usual break times, employees may use personal leave or may make up the time as negotiated with their supervisors.

The University will also provide appropriate private areas, other than bathrooms, for this purpose. The area provided, if not dedicated to the nursing mother’s use, will be made available when needed by the employee. The area provided will be sanitary and shielded from view, and free from any intrusion from coworkers and the public. Moreover, the room will be located near a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. If employees prefer, they may also breastfeed or express milk in their own private offices, or in other comfortable locations agreed upon in consultation with the employee’s supervisor. Nursing mothers are responsible for keeping lactation areas clean.

Expressed milk may be stored in University refrigerators, as well as in an employee's personal cooler. Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee’s milk.

Nursing mothers who need to express milk during the working day, should contact their supervisor, department administrator and/or Human Resources. Working with the nursing mother, the supervisor or departmental administrator is required to provide reasonable break times and to identify an appropriate location. If possible, break times may be taken during regularly scheduled meals and rest breaks.

Nursing mothers must be paid for short breaks (20 minutes or less) otherwise given to employees. If the nursing mother is a non-exempt (hourly) employee and her break exceeds 20 minutes, her supervisor should make a good faith effort to permit the nursing mother to make up time. If no reasonable opportunity exists for a non-exempt nursing mother to make up time, a break time in excess of 20 minutes will not be paid. Nursing mothers who are exempt under the FLSA will not have pay docked for taking a break to express milk.

Questions regarding this policy may be addressed to the Human Resources office.

ADA Grievance Procedure

Any employee or qualified applicant with a documented disability adversely affected by the discriminatory behavior of a University employee may file a complaint under HR 3.22 Discrimination and Harassment (Students and Student Respondents). Faculty may file a complaint under the Harassment policy in the Faculty Handbook.

Should an employee be denied a requested accommodation, the employee may appeal the decision by following either the staff or faculty grievance procedures as applicable.

In addition to the above, employees and applicants for employment who believe they have been subjected to unlawful discrimination on the basis of a disability may file a formal complaint with either or both of the federal and state government agencies or seek relief by filing a civil action in

state court. Using a University internal process does not prohibit an individual from filing a complaint with these agencies.

Posting

In accordance with the Virginia Human Rights Act as amended, the University shall post in a conspicuous location information concerning an employee's right to reasonable accommodation for pregnancy, as well as provide this policy to new employees upon commencement of their employment and any employee within 10 days of such employee's providing notice to the University that they are pregnant.

VI. Related Policies


HR 3.22 Discrimination and Harassment (Students and Student Respondents)

HR 2.1 Equal Employment Opportunity

HR 3.17 Reasonable Accommodations for Disabilities in the Workplace

Faculty Handbook Harassment Policy

HR 3.19 Personnel Records

	Policy Title: Personnel Records Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.19
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Personnel Records

I. Purpose

The purpose of this policy is to provide guidance to employees about their privileges and obligations with respect to their own personnel records and guides applicable personnel responsible for producing and maintaining personnel records in the appropriate management of those records.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

It is the policy of Virginia Wesleyan University to comply with all laws that govern the management, retention, and disposal of personnel records.

Confidentiality

To ensure confidentiality of personnel information, access to an employee's personnel records is restricted to the employee, an authorized agent, and authorized administrators and supervisors.

An employee's medical and benefits records file is maintained separately from the personnel file in accordance with the Americans with Disabilities Act, as well as Family and Medical Leave Act and The Health Insurance Portability and Accountability Act of 1996. Access to an employee's medical file and any medical-related information is restricted to an employee and the Human Resource personnel. Supervisors generally may not be provided with medical information about employees. A supervisor is entitled to know any necessary restrictions on an employee's duties and information necessary to make reasonable accommodations.

Location and Maintenance of Staff Personnel Files

Staff employee's personnel files are maintained by Human Resources. Supervisors are discouraged from keeping informal personnel files on employees. The University recognizes, however, that it may be necessary for a supervisor to keep records concerning employee

performance, which, because of an ongoing need for access and updating, cannot be solely maintained with the remainder of the employee's personnel file.

Location and Maintenance of Faculty Personnel Files

Academic Affairs shall maintain faculty personnel files. The faculty personnel file typically contains information relating to the original appointment (such as curriculum vita, letters of appointment, recommendations and acceptance), faculty salary, and any correspondence between the academic administration and the faculty member pertaining to the latter's appointment and performance. Human Resources shall maintain faculty files with payroll and medical and benefits-related information (see Other Files below).

Other Files

Human Resources shall maintain a separate and confidential medical and benefits file for every employee. Human Resources will maintain I-9 files separately from personnel files. Payroll will maintain payroll records.

Employee Access to Personnel Files

Employees may request to review their personnel and medical and benefits records files by contacting the appropriate office and setting up a prearranged appointment. All personnel and medical and benefits record files are the property of Virginia Wesleyan and the University reserves the right to adopt reasonable rules concerning the frequency of file inspections to prevent potential abuses. The files may not be removed from the office housing the records, even temporarily. Employees may have placed in their files any material or comments the employee wishes to have included therein pertaining to the material already filed.

Copies of Personnel Records

In accordance with Virginia Code § 8.01-413.1, Human Resources, upon receipt of a written request from a current or former employee or their attorney, will promptly furnish copies of the following employment records:

- Dates of employment with the University
- Wages or salary during the employment period
- position profile and title during the employment
- Any injuries sustained by the employee during the course of employment with the University

The only limited exception to the disclosure requirement shall be when an employee's personnel file includes a written statement from the employee's treating physician or clinical psychologist, indicating that providing the employee with their employment records may endanger the life or safety of the employee or another person. In such cases, Human Resources will provide the records to the employee's attorney or authorized insurer, rather than directly to the employee.

Human Resources will have 30 days from the receipt of a written request to provide copies of the requested employment records. If, for any reason, Human Resources is unable to provide the records within the initial 30-day period, it shall provide a written notice to the requesting party specifying the reason for the delay. Upon providing the notice, Human Resources will still produce the requested records within 30 days of providing the notice.

Employees will be responsible for paying the reasonable expenses incurred in copying their files.

Release of Information

Information housed in the personnel and medical and benefit records files are confidential and will not be released to persons outside the University without written authorization or as required by law. The University from time to time receives subpoenas for employee records. Subpoenas for any employee record must be forwarded to Human Resources. In most civil actions, a subpoena for such records must contain an affidavit stating the employee has received notice of subpoena. The University will comply with its legal obligations to produce employee records requested by subpoena. A right of privacy, however, may protect employee records. Accordingly, Human Resources will contact the employee when a subpoena for records is received. The employee may file papers with the court before the date specified on the subpoena for producing records if the employee objects to the University furnishing records to the party seeking records. The University must receive written documentation to cancel the subpoena from the court or the requesting party on or before the production date.

Name and Address Changes

Each employee is responsible for giving prompt notice to their supervisor and the Office of Human Resources any change of name (e.g. marriage), number of dependents, and change of address. This information is essential for keeping adequate payroll and tax records and for administering accurate employee benefits.


Retention and Disposal

Personnel files shall be retained and disposed of in accordance with HR Record Retention Policy and the Office of Human Resources' retention schedule.

V. Related Policies

HR 3.14 Record Retention

HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

	Policy Title: Title IX Sex Based Harassment and Discrimination Policy Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.20
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Title IX Sex Based Harassment and Discrimination Policy

I. Purpose

The purpose of this policy to comply with Title IX of the Education Amendments Act of 1972 ("Title IX") and 34 CFR Part 106 the Clery Act, as amended, and the Violence Against Women Reauthorization Act of 2013 ("VAWA") by defining prohibited sex discrimination and sex based harassment (including Sexual Assault, Stalking, Dating Violence, Domestic Violence, or related retaliation), establishing a mechanism for determining when Title IX sex discrimination and sex based harassment has taken place, and providing recourse for members of the University community whose rights have been violated by a University student, employee, or third-party.

II. Scope/Applicability

This policy applies to all University students, employees, and related third parties ("University community") and outlines how the University will respond when the Title IX Coordinator receives notice of alleged sex discrimination, including sex based harassment or related retaliation, by a University community member occurring in an education program or activity of the University against a person.

III. Definitions/Key Terms

Complaint: means an oral or written request to the University that objectively can be understood as a request for the University to investigate and make a determination about alleged discrimination under Title IX or its regulations.

Complainant: means a student or employee of Virginia Wesleyan University who is alleged to have been subjected to conduct that could constitute sex discrimination, including sex based harassment or retaliation, under Title IX; or a person other than a student or employee of Virginia Wesleyan University who is alleged to have been subjected to conduct that could constitute sex discrimination under Title IX at a time when that individual was participating or attempting to participate in the University's education program or activity; or a parent, guardian, or other authorized legal representative with the legal right to act on behalf of a complainant; or the University's Title IX Coordinator.

Disciplinary Sanctions: means consequences imposed on a respondent following a determination under Title IX that the respondent violated the University's prohibition on sex discrimination.

Employee: means all non-student employees of the University.

Party: means a complainant or respondent.

Relevant: means related to the allegations of sex discrimination under investigation as part of these grievance procedures. Questions are relevant when they seek evidence that may aid in showing whether the alleged sex discrimination occurred, and evidence is relevant when it may aid a decisionmaker in determining whether the alleged sex discrimination occurred.

Report: refers to information brought to the attention of the Title IX Coordinator or a Deputy Title IX Coordinator alleging conduct prohibited under this policy; a report is not considered to be a formal complaint. A party may bring a report and then subsequently file a formal complaint.

Respondent: means the person who has been reported to be the perpetrator of conduct that could constitute sex discrimination, including sex based harassment.

Retaliation: means intimidation, threats, coercion, or discrimination against any person by the University, a student, or an employee or other person authorized by the University to provide aid, benefit, or service under the University's education program or activity, for the purpose of interfering with any right or privilege secured by Title IX or its regulations, or because the person has reported information, made a complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under the Title IX regulations.

Sex Discrimination: the unfavorable treatment of an individual on the basis of sex, including on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, or gender identity.

Sex-based Harassment: a form of sex discrimination and means sexual harassment and other harassment on the basis of sex, including on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity, that is:

1. *Quid pro quo harassment*. An employee, agent, or other person authorized by the University to provide an aid, benefit, or service under the University's education program or activity explicitly or impliedly conditioning the provision of such an 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 subjectively and objectively offensive and is so severe or pervasive that it limits or denies a person's ability to participate in or benefit from the University's education program or activity (*i.e.*, creates a hostile environment). Whether a hostile environment has been created is a fact-specific inquiry that includes consideration of the following:
 - a. The degree to which the conduct affected the complainant's ability to access the University's education program or activity;
 - b. The type, frequency, and duration of the conduct;
 - c. The parties' ages, roles within the University's education program or activity, previous interactions, and other factors about each party that may be relevant to evaluating the effects of the conduct;

- d. The location of the conduct and the context in which the conduct occurred; and
 - e. Other sex-based harassment in the University's education program or activity; or
3. *Specific offenses.*
- a. Sexual assault meaning an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation;
 - b. Dating violence meaning violence committed by a person:
 - i. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
 - ii. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - 1. The length of the relationship;
 - 2. The type of relationship; and
 - 3. The frequency of interaction between the persons involved in the relationship;
 - c. Domestic violence meaning felony or misdemeanor crimes committed by a person who:
 - i. Is a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction of the University, or a person similarly situated to a spouse of the victim;
 - ii. Is cohabitating, or has cohabitated, with the victim as a spouse or intimate partner;
 - iii. Shares a child in common with the victim; or
 - iv. Commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction; or
 - d. Stalking meaning engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
 - i. Fear for the person's safety or the safety of others; or
 - ii. Suffer substantial emotional distress

Supportive Measures: means individualized measures offered as appropriate, as reasonably available, without unreasonably burdening a complainant or respondent, not for punitive or disciplinary reasons, and without fee or charge to the complainant or respondent to: restore or preserve that party's access to the University's education program or activity, including measures that are designed to protect the safety of the parties or the University's educational environment; or provide support during the University's grievance procedures or during an informal resolution process.

Third Party: includes certain third-party affiliates, including volunteers, vendors, visitors, and independent contractors.

University Education Program or Activity: means locations, events, or circumstances over which the University exercises substantial control over both the respondent and the context in which sex discrimination occurs, and any building owned or controlled by a student organization that is officially recognized by the University.

IV. Policy

Introduction

Virginia Wesleyan University is committed to providing a safe and inclusive environment for all members of the University community that is free from sex discrimination and sex based harassment (including Sexual Assault, Stalking, Dating Violence, Domestic Violence, or related retaliation). The University is committed to providing options, support, and assistance to individuals whose rights have been violated to ensure that each member of the University community can freely participate in all University programs and activities.

In furtherance of those goals, the University has developed this policy to define prohibited sex discrimination and sex based harassment, establish a mechanism for determining when sex discrimination and sex based harassment has taken place, and provide recourse for members of the University community whose rights have been violated. This policy is intended to be consistent with the University's obligations under Title IX of the Education Amendments Act of 1972 ("Title IX") and 34 CFR Part 106, the Clery Act, as amended, and the Violence Against Women Reauthorization Act of 2013 ("VAWA"). The requirements and protections of this policy apply equally regardless of sex, sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, gender identity, or other protected classes covered by federal or state law. All requirements and protections are equitably provided to individuals regardless of such status or status as a complainant, respondent, or witness.

All forms of prohibited conduct under this policy are considered serious offenses by the University, and violations may result in disciplinary action, up to and including separation from the University. State and federal laws also address behaviors that align with the University's definitions of prohibited conduct, and individuals may face criminal prosecution regardless of any University disciplinary measures.

The University expects all members of the University community to be honest and cooperative in their official dealings with the University under this policy. In this regard, individuals are expected to acknowledge requests from university officials for information in a timely fashion and to make themselves available for meetings with University officials or any officials acting on behalf of the University; any student or member of the faculty or staff who fails to do so may be subject to discipline.

Notice of Nondiscrimination

Virginia Wesleyan University does not discriminate on the basis of sex and prohibits sex discrimination, including sex-based harassment, in any education program or activity that it operates, as required by Title IX, including in admission and employment.

Inquiries about Title IX may be referred to the University's Title IX Coordinator or Deputy Coordinators, the U.S. Department of Education's Office for Civil Rights, or both.

The University's Title IX Coordinator and Deputy Coordinators

Title IX Coordinator (TIX)

Regina Barletta
Director of Human Resources and Title IX Coordinator
757.455.3316
rbarletta@vwu.edu

Deputy Title IX Coordinators (DTIX)

Jen Cohen
Director of Student Engagement and Deputy Title IX Coordinator
757.455.3242
jcohen@vwu.edu

Sarah Guzzo
Director of the Wesleyan Fund and Deputy Title IX Coordinator
757.233.878
sguzzo@vwu.edu

Shane Kohler
Head Men's Soccer Coach and Deputy Title IX Coordinator
757.961.5605
skohler@vwu.edu

Jason Seward
Associate Vice President for Campus Life and Operational Management and Deputy Title IX Coordinator
757.455.2124
jseward@vwu.edu

To report information about conduct that may constitute sex discrimination or make a complaint of sex discrimination under Title IX, please refer to the reporting procedures below.

The TIX Coordinator responsibilities include, but are not limited to:

- Maintains and monitors data related to complaints and investigative activities, and provides periodic and annual reports as appropriate.
- Ensures that the University has in place policies and procedures reasonably necessary to foster compliance with Title IX.
- Provides or facilitates Title IX training, education and programs, consultation, and technical assistance on Title IX for all students, faculty, and staff.
- Reviews Title IX policies and procedures to ensure that they are clear and consolidated to the maximum extent possible to provide an efficient resource for students, faculty, and staff.
- In consultation with other University offices, leads the development and implementation of campus climate surveys.
- Develops, schedules, and implements regular events hosted by or supported by the University leadership on campus to raise awareness in the campus community about all forms of sex discrimination (including sex based harassment).

- Provides information to employees regarding their Title IX rights and responsibilities, including information about the resources available on and off campus, the formal and informal complaint processes, the availability of supportive measures, and the ability to file a complaint with local law enforcement and complaint with the University simultaneously.
- Maintains and updates content relevant to Title IX for the University's webpage.
- Coordinates with representatives from appropriate University departments including Campus Security, Human Resources, Campus Life, as well as local community support, education, health, and law enforcement resources to identify and address patterns or systematic problems under Title IX and assess overall efficacy of coordination among University departments.
- Monitors, implements, and trains affected areas on matters relating to the Campus Sexual Violence Elimination (SaVE) Act and VAWA.
- Coordinates and monitors the annual training of staff and faculty who serve as Deputy Title IX Coordinators, those who serve on the Review Committee, Sexual Harassment Board, and Sexual Harassment Committee of Appeals.

DTIX Coordinators' responsibilities include, but are not limited to:

- Coordinates and executes the University's prompt, effective, and equitable response to complaints of sexual harassment, including implementation of formal and informal resolution procedures in accordance with regulatory requirements and University policy.
- Meets with complainants to provide information regarding available on and off campus resources, reporting and resolution options, and supportive measures such as issuing a "no contact agreement," changes in academic schedule or reassignment of housing.
- Meets with respondents to discuss alleged harassment, provide information regarding available resources, notify them of university policies and procedures, and describe any supportive measures in place or those that may be instituted.
- Coordinates and monitors a prompt and equitable investigatory process in cases of sexual harassment.
- Provides information to members of the University community regarding their Title IX rights and responsibilities, including information about the resources available on and off campus, the formal and informal complaint processes, the availability of supportive measures, and the ability to file a complaint with local law enforcement and complaint with the University simultaneously.
- Attends Title IX education programs to understand best practices as they relate to Title IX and sexual harassment issues.

Jurisdiction of Policy

This Title IX Sexual Harassment Policy is developed based on the definitions outlined in regulations established by the U.S. Department of Education under Title IX of the Education Amendments Act of 1972. Accordingly, this policy concerns and is limited to addressing sex based harassment (including Sexual Assault, Stalking, Dating Violence, Domestic Violence, or related retaliation) by a University employee or other third-party occurring in an education program or activity of the University against a member of the University community.

Prohibited Conduct and Associated Definitions

This policy addresses Title IX sex discrimination, including sex based harassment, which encompasses all the prohibited conduct described below that occurs on the basis of sex and meets each of the following requirements:

- Occurs within the University's education program or activity; and
- At the time of filing a formal complaint, a complainant is participating in or attempting to participate in the education program or activity at the University.

In determining whether alleged conduct violates this policy, the University will consider the totality of the facts and circumstances involved in the incident, including the nature of the alleged conduct and the context in which it occurred. Any of the prohibited conduct defined in this policy can be committed by individuals of any gender, and it can occur between individuals of the same gender or different genders, as well as between strangers or acquaintances or people involved in intimate or sexual relationships.

The prohibited behaviors listed below are serious offenses and will result in university discipline. Prohibited conduct involving force, duress, or inducement of incapacitation, or where the perpetrator has deliberately taken advantage of another individual's state of incapacitation, will be deemed especially egregious and may result in expulsion or termination of employment. The respondent's consumption of alcohol or the use of illegal substances does not constitute a mitigating circumstance when it contributes to a violation under this policy.

Prohibited behaviors are:

Sex Discrimination, which is the unfavorable treatment of an individual on the basis of sex, including on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, or gender identity.

Sex-based Harassment, which is a form of sex discrimination and means sexual harassment and other harassment on the basis of sex, including on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity, that is:

- *Quid pro quo harassment*. An employee, agent, or other person authorized by the University to provide an aid, benefit, or service under the University's education program or activity explicitly or impliedly conditioning the provision of such an aid, benefit, or service on a person's participation in unwelcome sexual conduct;
- *Hostile environment harassment*. Unwelcome sex-based conduct that, based on the totality of the circumstances, is subjectively and objectively offensive and is so severe or pervasive that it limits or denies a person's ability to participate in or benefit from the University's education program or activity (*i.e.*, creates a hostile environment). Whether a hostile environment has been created is a fact-specific inquiry that includes consideration of the following:
 - The degree to which the conduct affected the complainant's ability to access the University's education program or activity;
 - The type, frequency, and duration of the conduct;

- The parties' ages, roles within the University's education program or activity, previous interactions, and other factors about each party that may be relevant to evaluating the effects of the conduct;
- The location of the conduct and the context in which the conduct occurred; and
- Other sex-based harassment in the University's education program or activity; or
- *Specific offenses.*
 - Sexual assault meaning an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation;
 - Dating violence meaning violence committed by a person:
 - Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
 - Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship;
 - The type of relationship; and
 - The frequency of interaction between the persons involved in the relationship;
 - Domestic violence meaning felony or misdemeanor crimes committed by a person who:
 - Is a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction of the University, or a person similarly situated to a spouse of the victim;
 - Is cohabitating, or has cohabitated, with the victim as a spouse or intimate partner;
 - Shares a child in common with the victim; or
 - Commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction;
 or
 - Stalking meaning engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
 - Fear for the person's safety or the safety of others; or
 - Suffer substantial emotional distress
- **Retaliation**, which means intimidation, threats, coercion, or discrimination against any person by the University, a student, or an employee or other person authorized by the University to provide aid, benefit, or service under the University's education program or activity, for the purpose of interfering with any right or privilege secured by Title IX or its regulations, or because the person has reported information, made a complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under the Title IX regulations.

In addition, the following behaviors are prohibited by this Policy:

- **Sexual Exploitation:** Taking sexual advantage of another person without effective consent constitutes sexual exploitation. This includes but is not limited to causing the incapacitation of another person for a sexual purpose; causing the prostitution of another person; electronically recording, photographing, or transmitting intimate or sexual utterances, sounds, or images of another person; allowing third parties to observe

sexual acts; engaging in voyeurism; distributing intimate or sexual information about another person; and knowingly transmitting a sexually transmitted infection, including HIV, to another person.

- **Improper Conduct Related to Sex:** Unprofessional or inappropriate conduct that is sexual and/or sex based in nature and has the effect of unreasonably interfering with an individual's educational experience, working conditions, or living conditions.

For purposes of this policy, consent is defined as a voluntary and affirmed agreement to engage in sexual activity. Someone who is incapacitated cannot consent. Initiators of sexual activity are responsible for obtaining effective consent. Silence or passivity is not effective consent. Past consent does not imply future consent. Silence or absence of resistance does not imply consent. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another. Consent can be withdrawn at any time. Coercion, force, or threat invalidates consent. Incapacitation, due to the use of drugs or alcohol, when a person is asleep or unconscious, or because of an intellectual or other disability, prevents an individual from having the capacity to give consent.

Reporting Prohibited Conduct

The University takes all allegations of conduct prohibited by this policy seriously and encourages any member of the University community to report such conduct to University officials. A reporting party may elect to make a confidential or non-confidential disclosure using the avenues set forth below. The University strongly supports and encourages prompt reporting. Reporting provides resources to those making the report and contributes to keeping the campus safe.

In addition to reporting a potential violation of this policy to the University, members of the University community may always dial 911 or contact the Virginia Beach Police Department to report an emergency, ongoing threat, or potential criminal conduct to law enforcement.

Confidential Reports

In cases in which a member of the University community chooses to keep their name, the name of the accused person, or other information confidential or decides not to file a formal complaint of sex discrimination, including sex based harassment against a student, faculty member, staff member, or other third party, the matter should **initially and exclusively** be reported to one of the individuals listed below, who are not required to report potential violations of this policy to the Title IX Coordinator.

If the matter is reported to any member of the University community outside of the individuals list below, that University community member is obligated to immediately report the matter to a Title IX coordinator, regardless of a request for confidentiality.

Students

If a student wishes to discuss a potential violation of this policy, but wishes to maintain complete confidence, they may contact one of the following individuals:

- **Michelle De Rosa**, Director of Counseling and Student Health, 757.455.3131, mderosa@vwu.edu
- **Brandon Foster**, Therapist, 757.455.5730
- **Counseling Interns and Graduate Assistants**
- **Marie Porter**, Director of Campus Ministries, 757.455.3400
- **Student Health Center Personnel**, 757.455.3108

Employees

- If an employee wishes to discuss a potential violation of this policy, but wishes to maintain complete confidence, then the individual may utilize the Employee Assistance Program (EAP) which is available 24 hours a day, 7 days a week and is completely confidential.

Non-Confidential Reports

Any person may report allegations of conduct prohibited by this policy (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sexual harassment) to the Title IX Coordinator, a Deputy Title IX Coordinator in person, via mail, over the phone, or through email.

Title IX Coordinator (TIX)

Regina Barletta
 Director of Human Resources and Title IX Coordinator
 757.455.3316
rbarletta@vwu.edu

Deputy Title IX Coordinators (DTIX)

Jen Cohen
 Director of Student Engagement and Deputy Title IX Coordinator
 757.455.3242
jcohen@vwu.edu

Sarah Guzzo
 Director of the Wesleyan Fund and Deputy Title IX Coordinator
 757.233.878
sguzzo@vwu.edu

Shane Kohler
 Head Men's Soccer Coach and Deputy Title IX Coordinator
 757.961.5605
skohler@vwu.edu

Jason Seward
 Associate Vice President for Campus Life and Operational Management and Deputy Title IX Coordinator

A report to the above individuals may be made at any time (including during non-business hours) by using a telephone number, e-mail address, or, if by mail, the office address. A report may also be made at any time by completing the [Sexual Harassment Formal Complaint Form](#) or emailing titleix@vwu.edu. Reports made via these channels will be forwarded to the University's Title IX Coordinator.

Members of the University community may also report allegations of conduct prohibited by this policy to non-confidential University faculty and staff members. **All non-confidential faculty and staff members are considered mandatory reporters and must report potential violations of this policy to the Title IX Coordinator.** University offices and employees who cannot guarantee confidentiality will maintain privacy to the greatest extent possible.

A person who reports an incident to the University has the right to request access to their report, in accordance with state and federal laws governing the privacy of and access to education records. Requests for access to a report should be directed to the Title IX Coordinator.

Other Resources

Making a report or formal complaint under this policy does not preclude a member of the University community from contacting any other resource, including but not limited to those office campus resources described on the University's [Student Support Resources](#) and [Faculty/Staff Support Resources](#) webpages.

In the event of sexual assault, domestic violence, stalking, or other conduct prohibited by this policy that poses a threat to safety or physical well-being or following a potential criminal offense, emergency medical assistance and campus security/law enforcement assistance are available both on and off campus. Individuals are encouraged (but not required) to contact law enforcement and seek medical treatment and take steps to preserve evidence as soon as possible following such an incident.

A listing of emergency medical assistance and campus security/law enforcement resources, both on and off campus, is available on the [How to Get Help](#) webpage.

Reporting to External Agencies

The above reporting procedures do not deny the right of any individual to pursue other avenues of recourse which may include, but is not limited to, filing a charge with the United States Department of Education Office for Civil Rights (OCR) and/or the Commonwealth of Virginia Office of Civil Rights.

The United States Department of Education Office for Civil Rights

400 Maryland Avenue, SW
Washington, DC 20202-1100
Customer Service Hotline: (800) 421-3481
TDD: (877) 521-2172
Facsimile: (202) 453-6012
Email: OCR@ed.gov

Commonwealth of Virginia Office of Civil Rights

202 North Ninth Street
Richmond, VA 23219
Phone: 814-225-2292
Email: **CivilRights@oag.state.va.us**

Prohibition Against False Reports and Formal Complaints

The individual making a report or formal complaint alleging a violation of this policy should have a reasonable basis to believe that there has been or may have been a policy violation. The submission of a willfully false report is a violation of the University policy. Anyone who engaged in or attempts to engage in retaliation or retribution against an individual who reports an actual, potential, or suspected violation of this sexual harassment policy shall be subject to discipline in accordance with the policies and procedures of the University. Charging an individual for making a materially false statement in bad faith in the course of a grievance proceeding under this policy does not constitute prohibited retaliation. Moreover, neither a determination that a formal complaint is not meritorious nor a finding for the responding party after a grievance hearing does not necessarily constitute a finding that a formal complaint was made in bad faith.

Waiver of Drug and Alcohol Violations

The University strongly encourages students to report instances of sexual harassment, including sexual assault, dating violence, domestic violence, and stalking. As such, witnesses or complainants who report such incidents under this policy in good faith will not be disciplined by the University for any violation of its drug and alcohol policies in which they might have engaged in connection with the reported incident.

Statement on Confidentiality

The University will keep confidential the identity of any individual who has made a report or formal complaint of an alleged violation of this policy, any individual who has been reported to be the perpetrator of such conduct, and any witness, except as may be permitted by Family Educational Rights and Privacy Act (FERPA), or to carry out the purposes of Title IX and its operating regulations, including the need to conduct any investigation, hearing, or judicial proceeding arising thereunder. Any additional disclosure by the University of information related to the report or formal complaint may be made if consistent with FERPA or the Title IX requirements. In addition, governmental agencies, such as the National Science Foundation, may mandate certain reporting related to prohibited conduct under this policy involving University employees or students.

Additional Reporting Information

Statistical Reporting: The Clery Act is a federal law requiring institutions of higher education to collect and report statistics on certain crimes in an Annual Security Report. Campus Security Authorities at the University have a duty to provide Campus Security with information regarding certain crimes when they are reported. All personally identifiable information is kept confidential, but statistical information regarding Clery reportable crimes must be shared, including the date and location of the incident (but not the specific address) and information about the reported crime, to allow for proper classification. This report provides the community with information about the extent and nature of crime on the University's campus and helps ensure greater community safety.

Timely Warning Notifications: If a report reveals that there is an immediate threat to the health or safety of students or employees on campus, or that an ongoing serious or continuing threat to the campus community exists, an emergency Timely Warning notification will be issued by the University. The purpose of the Timely Warning notification is to enable individuals to protect themselves and to increase safety awareness, as well as seek information that will lead to eradication of the threat. The complainant's name and other personally identifiable information will not be included in any Timely Warning notification or public safety advisory.

The University's Initial Response to Reports of Sex Discrimination or Sex Based Harassment

Upon receipt of a report of a violation of this policy, the Title IX Coordinator will conduct initial, separate meetings with the complainant and respondent.

1. Initial Meetings

During the respective meetings with the complainant and respondent, the Title IX Coordinator will:

- Discuss the availability of supportive measures.
- Consider the complainant's wishes with respect to supportive measures.
- Inform the complainant of the availability of supportive measures with or without the filing of a formal complaint and, if applicable, the filing of a crime to local law enforcement.
- Explain the process for filing a formal complaint.
- Explain what the investigation and grievance hearing process entails.
- Discuss protection from, and reporting of, incidents of retaliation.

In addition, when a student or employee reports an incident of sexual assault, dating violence, domestic violence, or stalking, the Title IX Coordinator will also:

- Provide the parties a written explanation of their rights and options.
- Provide written notification of the counseling, health, mental health, victim advocacy, legal assistance, visa and immigration assistance, student financial aid and other services available to the parties both within the University and in the community.

- Discuss the importance of preserving relevant evidence or documentation in the case (e.g., texts, emails, notes, photographs (etc.)).

The Title IX Coordinator will consider the parties' respective wishes about supportive measures. If supportive measures are not provided, the Title IX Coordinator will document why they were not provided and why not providing such measures is not deliberately indifferent.

2. Supportive Measures

Supportive Measures may include support in accessing fair and respectful counseling and health services; responding to individual safety concerns; academic and work accommodations (e.g., protective orders); and increased security and monitoring of the campus as needed. The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures. The University will maintain as confidential any supportive measures provided to the complainant or respondent, to the extent that maintaining such confidentiality will not impair its ability to provide the supportive measures.

3. Emergency Removal

Regardless of whether a formal complaint is filed, the University retains the right to remove a respondent from the University education program or activity on an emergency basis or place an employee on administrative leave, provided that the Title IX Coordinator undertakes an individualized safety and risk analysis, determines that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment justifies removal, and provides the respondent with notice and an opportunity to challenge the decision immediately following the removal. An emergency removal does not replace the regular grievance hearing process, which shall proceed on the normal schedule, up to and through a hearing, if required.

Initiating a Formal Complaint

The following members of the University community have a right to make a formal complaint of sex discrimination, including complaints of sex-based harassment, requesting that the University investigate and make a determination about alleged sex discrimination under Title IX:

- A student or employee of the University who is alleged to have been subjected to conduct that could constitute sex discrimination under Title IX;
- A person other than a student or employee of the University who is alleged to have been subjected to conduct that could constitute sex discrimination under Title IX at a time when that individual was participating or attempting to participate in a Virginia Wesleyan University education program or activity;
- A parent, guardian, or other authorized legal representative with the legal right to act on behalf of a complainant; or

- The University's Title IX Coordinator.¹

Note that a person is entitled to make a complaint of sex-based harassment only if they themselves are alleged to have been subjected to the sex-based harassment, if they have a legal right to act on behalf of such person, or if the Title IX Coordinator initiates a complaint consistent with the requirements of 34 C.F.R. § 106.44(f)(1)(v).

With respect to complaints of sex discrimination other than sex-based harassment, in addition to the people listed above, the following persons have a right to make a complaint:

- Any student or employee the University; or
- Any person other than a student or employee who was participating or attempting to participate in a Virginia Wesleyan University education program or activity at the time of the alleged sex discrimination.

The University may consolidate complaints of sex discrimination against more than one respondent, or by more than one complainant against one or more respondents, or by one party against another party, when the allegations of sex discrimination arise out of the same facts or circumstances.² When more than one complainant or more than one respondent is involved, references below to a party, complainant, or respondent include the plural, as applicable.

The filing of a formal complaint with the Title IX Coordinator triggers the investigation and grievance process under this policy, which provides for the prompt and equitable resolution of complaints.

A formal complaint is a document or electronic submission filed by one of the parties listed above alleging a violation of Title IX against a respondent and requesting that the University investigate the allegation. The formal complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail, by using the contact information listed for the Title IX Coordinator in this policy.

Nothing in this policy prevents a complainant from seeking the assistance of state or local law enforcement alongside the appropriate on-campus process.

¹ When the Title IX Coordinator is notified of conduct that reasonably may constitute sex discrimination under Title IX (and in the absence of a complaint or the withdrawal of any or all of the allegations in a complaint, and in the absence or termination of an informal resolution process), the Title IX Coordinator must determine whether to initiate a complaint of sex discrimination as required under Title IX.

² The University is not permitted to consolidate complaints if consolidation would violate the Family Educational Rights and Privacy Act (FERPA). Consolidation would not violate FERPA when the University obtains prior written consent from eligible students to the disclosure of their education records. *See* 34 CFR 99.30; 34 CFR 99.3 (defining an "eligible student" as "a student who has reached 18 years of age or is attending an institution of postsecondary education").

Filing of Complaint by the Title IX Coordinator

In the case of conduct which seriously threatens the health or safety of a party or of the community at-large, the Title IX Coordinator may determine that a formal complaint is necessary to initiate an investigation according to this policy, despite objection by the complainant. When the Title IX Coordinator does sign a formal complaint, the Title IX Coordinator is not a complainant or otherwise a party under this policy. In deciding whether to sign a formal complaint, the Title IX Coordinator will consider the facts of the specific case and will consider the following factors:

- A pattern of alleged conduct by the respondent.
- The involvement of violence or weapons.
- The seriousness of the alleged sex based harassment.
- The age of the individual sexually harassed.
- Whether there have been other complaints or reports of sex based harassment against the respondent.
- Similar factors in a complainant's allegations.

If the Title IX Coordinator does commence a formal complaint and the complainant is known, the Title IX Coordinator will inform the complainant of this decision in writing, and the complainant need not participate in the process further. The Title IX Coordinator will provide the complainant all notices and opportunities to respond to evidence under this policy, even if the complainant is not actively involved.

Optional Informal Resolution

Informal resolution such as mediation, restorative justice, or other methods may be an alternative to the formal investigation and grievance phases below. After receiving a complaint of an alleged violation of this policy, the Title IX Coordinator will determine if informal resolution is appropriate, based on the willingness of the parties and the nature of the conduct at issue.

Informal Resolution, however, may not be used to resolve a complaint that includes allegations that an employee engaged in sex-based harassment of a student or when such a process would conflict with Federal, State, or local law.

Before starting the informal resolution process, the Title IX Coordinator will notify the parties in writing that participation is strictly voluntary and is not offered as a condition of enrollment/continuing enrollment, employment/continuing employment, or a waiver of the right to a formal investigation. Moreover, the written notification will state that the parties have the right to withdraw from the informal resolution process at any time and resume the grievance process with respect to the formal complaint. The notice will also state that the parties have the right to be accompanied by an advisor and that any information provided by the parties during the informal resolution process may be considered in a subsequent investigation and grievance hearing process.

If, after receiving written notification of the above rights, the parties both voluntarily consent in writing to pursue informal resolution, the Title IX Coordinator will assign a trained administrator or third-party external to the University to facilitate the informal resolution process.

If both parties are satisfied with a proposed resolution after participating in the informal resolution process and the Title IX Coordinator believes the resolution satisfies the University's obligation to provide a safe and non-discriminatory environment, the resolution will be implemented, the investigation and grievance hearing process will be concluded, the matter will be closed, and both parties will be provided with written notice of the resolution.

If, however, informal resolution efforts are unsuccessful, the investigation and/or grievance hearing phase will continue.

Informal resolution will typically be completed within thirty (30) days, or such other time as is reasonable and practicable. In circumstances when it is not reasonable and practicable to complete the informal process in a 30-day time frame, both the complainant and the respondent will be notified in writing regarding the delay and anticipated completion date.

The Title IX Coordinator will maintain records of all reports and conduct resolved through informal resolution for a period of seven (7) years.

Formal Title IX Investigation and Grievance Procedures

The filing of a formal complaint with the Title IX Coordinator triggers the University's investigation and grievance procedures. Below are the basic requirements of the University's investigation and grievance procedures:

- The University will treat complainants and respondents equitably.
- The University requires that any Title IX Coordinator, investigator, or decision maker (e.g., the Sex Based Harassment Board and Sex Based Harassment Committee of Appeals) not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent.
- The University presumes that the respondent is not responsible for the alleged sex discrimination until a determination is made at the conclusion of its grievance procedures.
- The timeframe for the Title IX investigation and grievance procedures begins with the filing of a formal complaint. The grievance process will be concluded within a reasonably prompt manner, and no longer than 90 days after the filing of the formal complaint, provided that the process may be extended for a good reason, including but not limited to the absence of a party, a party's advisor, or a witness; concurrent law enforcement activity; or the need for language assistance or accommodation of disabilities.
- The University will take reasonable steps to protect the privacy of the parties and witnesses during its investigation and grievance procedures. These steps will not restrict the ability of the parties to obtain and present evidence, including by speaking to witnesses; consult with their family members, confidential resources, or advisors; or otherwise prepare for or participate in the grievance procedures. The parties cannot engage in retaliation, including against witnesses.
- The University will objectively evaluate all evidence that is relevant and not otherwise impermissible—including both inculpatory and exculpatory evidence. Credibility determinations will not be based on a person's status as a complainant, respondent, or witness.

- The following types of evidence, and questions seeking that evidence, are impermissible (*i.e.*, will not be accessed or considered, except by the University to determine whether one of the exceptions listed below applies; will not be disclosed; and will not otherwise be used), regardless of whether they are relevant:
 - Evidence that is protected under a privilege recognized by Federal or State law or evidence provided to a confidential employee, unless the person to whom the privilege or confidentiality is owed has voluntarily waived the privilege or confidentiality;
 - A party's or witness's records that are made or maintained by a physician, psychologist, or other recognized professional or paraprofessional in connection with the provision of treatment to the party or witness, unless the University obtains that party's or witness's voluntary, written consent for use in its grievance procedures; and
 - Evidence that relates to the complainant's sexual interests or prior sexual conduct, unless evidence about the complainant's prior sexual conduct is offered to prove that someone other than the respondent committed the alleged conduct or is evidence about specific incidents of the complainant's prior sexual conduct with the respondent that is offered to prove consent to the alleged sex-based harassment. The fact of prior consensual sexual conduct between the complainant and respondent does not by itself demonstrate or imply the complainant's consent to the alleged sex-based harassment or preclude determination that sex-based harassment occurred.

Written Notice of Allegations

Upon receipt of a formal complaint and initiation of the University's Title IX investigation and grievance procedures, the Title IX Coordinator will notify the parties in writing of the following with sufficient time for the parties to prepare a response before any initial interview:

- The University's Title IX grievance procedures and informal resolution process;
- Sufficient information available at the time to allow the parties to respond to the allegations, including the identities of the parties involved in the incident(s), the conduct alleged to constitute sex discrimination or sex-based harassment, and the date(s) and location(s) of the alleged incident(s);
- Retaliation is prohibited;
- The parties are entitled to an equal opportunity to access the relevant and not impermissible evidence upon the request of any party;
- The University prohibits knowingly making false statements or knowingly submitting false information during the investigation and grievance procedures;
- The respondent is presumed not responsible for the alleged sex-based harassment until a determination is made at the conclusion of the grievance procedures. Prior to such a determination, the parties will have an opportunity to present relevant and not otherwise impermissible evidence to a trained, impartial decision Sex Based Harassment Board; and
- The parties may have an advisor of their choice who may be, but is not required to be, an attorney.

If, in the course of an investigation, the University decides to investigate additional allegations of sex-based harassment by the respondent toward the complainant that are not included in the written notice or that are included in a consolidated complaint, it will provide written notice of the additional allegations to the parties.

Dismissal of a Complaint

The Title IX Coordinator will review the allegations in the formal complaint. The Title IX Coordinator may dismiss a complaint if:

- The University is unable to identify the respondent after taking reasonable steps to do so;
- The respondent is not participating in a Virginia Wesleyan University's education program or activity and is not employed by the University;
- The University obtains the complainant's voluntary withdrawal in writing of any or all of the allegations, the Title IX Coordinator declines to initiate a complaint, and the University determines that, without the complainant's withdrawn allegations, the conduct that remains alleged in the complaint, if any, would not constitute sex discrimination under Title IX even if proven; or
- The University determines the conduct alleged in the complaint, even if proven, would not constitute sex discrimination under Title IX. Before dismissing the complaint, the University will make reasonable efforts to clarify the allegations with the complainant.

Upon dismissal, the University will promptly notify the complainant in writing of the basis for the dismissal. If the dismissal occurs after the respondent has been notified of the allegations, then the University will notify the parties simultaneously in writing.

The University will notify the complainant that a dismissal may be appealed on the bases outlined in the *Appeals* section. If dismissal occurs after the respondent has been notified of the allegations, then the University will also notify the respondent that the dismissal may be appealed on the same bases. If a dismissal is appealed, the University will follow the procedures outlined in the *Appeals* section.

When a complaint is dismissed, the University will, at a minimum:

- Offer supportive measures to the complainant as appropriate;
- If the respondent has been notified of the allegations, offer supportive measures to the respondent as appropriate; and
- Take other prompt and effective steps, as appropriate, through the Title IX Coordinator to ensure that sex discrimination does not continue or recur within a University education program or activity

Investigation Phase

For all formal complaints that proceed to investigation, the University will provide for an adequate, reliable, and impartial investigation of complaints in accordance with the following procedures:

The Title IX Coordinator will designate a specially trained impartial investigator (or team of investigators) to interview and gather relevant evidence from the parties and any witnesses. The investigator(s) may also work with the Campus Security, as well as other campus offices to gather pertinent documentary materials (if any) and other relevant information. The University may, at any time, elect to engage a third party to conduct the investigation process, in whole or in part.

Burden to Conduct Investigation

The University (and not either of the parties) bears the burden to conduct an investigation that gathers evidence sufficient to reach a determination regarding whether sex discrimination occurred.

The University cannot access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are maintained in connection with the provision of treatment to the party, unless the University obtains that party's voluntary, written consent to do so for the grievance process.

Gathering Evidence

While the University bears the burden of gathering evidence to investigate a formal complaint, the parties will have an equal opportunity to present witnesses, including fact and expert witnesses, and other inculpatory and exculpatory evidence.

The University will not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence.

The University will provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants, and purpose of all hearings, investigative interviews, or other meetings, with sufficient time for the party to prepare to participate.

Questions or evidence that constitute or seek disclosure of information protected under a legally recognized privilege will not be allowed, required, or relied upon, unless the person holding the privileged has waived the privilege.

The Party's Advisors

The University will provide the parties with the same opportunities to have others present during any meeting or proceeding, including the opportunity to be accompanied to any related meeting or proceeding by the advisor of their choice, who may be, but is not required to be, an attorney. The advisor of is not, however, an advocate. Except where explicitly stated by this policy, advisors may not participate directly in the process as per standard policy and practice of the University.

The University will not limit the choice or presence of advisor for either party in any meeting or grievance proceeding. If an advisor learns of confidential information during their role, they may not disclose such information other than for advising the complainant or respondent.

The Parties' Right to Review Evidence

The University will provide both parties an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in a formal complaint, including the evidence upon which the University does not intend to rely in reaching a determination regarding responsibility and inculpatory or exculpatory evidence whether obtained from a party or other source, so that each party can meaningfully respond to the evidence prior to conclusion of the investigation.

Prior to completion of an investigative report, the University will send each party and the party's advisor, if any, the evidence subject to inspection and review in electronic format or hard copy and the parties will be given at least 10 days to submit a written response, which the investigator will consider before completing the investigative report. Likewise, the University will make all such evidence subject to the parties' inspection and review available at any hearing so that each party has equal opportunity to refer to such evidence during the hearing, including for purposes of cross examination.

The Investigative Report

Investigators will receive training on issues of relevance to create investigative reports that fairly summarize relevant evidence.

At the conclusion of the investigation and after the expiration of the 10 day written response period, the investigator(s) will issue an investigative report to the parties that fairly summarizes relevant evidence and, at least 10 business days prior to a formal grievance hearing (if a hearing is required or otherwise provided) or other time of determination regarding responsibility, send to each party and the party's advisor, if any, the investigative report in an electronic format or a hard copy, for their review and written response. Any written response submitted by the parties will be appended to the investigative report.

The Investigative Report is not intended to catalog all evidence obtained by the Investigator(s), but only to provide a fair summary of that evidence. Only relevant evidence (including both inculpatory and exculpatory – i.e. tending to prove and disprove the allegations - relevant evidence) will be referenced in the Investigative Report. Moreover, the Investigator(s) may redact irrelevant information from the Investigative Report when that information is contained in documents or evidence that is/are otherwise relevant.

As part of the investigative process, the University will take reasonable steps to prevent and address the parties' and their advisors' unauthorized disclosure of information and evidence obtained solely through the sex-based harassment grievance procedures.

Grievance Hearing

Composition of the Sex Based Harassment Board

Once an investigation is complete and a determination is made that a potential violation of this policy has occurred, the Sex Based Harassment Board (SHB) will be convened.

The composition of the SHB shall be as follows:

- *Student Complainant and Student Respondent:* The SHB, in managing a case in which both parties are students, shall be made up of the Senior Vice President, acting as chair, and two trained faculty/staff members.
- *Student Complainant and Staff Respondent:* The SHB, in managing a case in which the complainant is a student, and the respondent is a staff member, shall be made up of the Senior Vice President, acting as chair, and two trained staff members.
- *Student Complainant and Faculty Respondent:* The SHB, in managing a case in which the complainant is a student, and the respondent is a faculty member, shall be made up of the Provost and Vice President for Academic Affairs, acting as chair, and two trained faculty members.
- *Faculty Complainant and Student Respondent:* The SHB, in managing a case in which the complainant is a faculty member, and the respondent is a student, shall be made up of the Provost and Vice President for Academic Affairs, acting as chair, and two trained faculty members.
- *Faculty Complainant and Faculty Respondent:* The SHB, in managing a case in which the complainant and respondent are both faculty members, shall be made up of the Provost and Vice President for Academic Affairs, acting as chair, and two trained faculty members.
- *Staff Complainant and Student Respondent:* The SHB, in managing a case in which the complainant is a staff member, and the respondent is a student, shall be made up of the Senior Vice President, acting as chair, and two trained staff members.
- *Staff Complainant and Staff Respondent:* The SHB, in managing a case in which the complainant is a staff member, and the respondent is a staff member, shall be made up of the Senior Vice President, acting as chair, and two trained staff members.
- *Faculty Complainant and Staff Respondent/Staff Complainant and Faculty Respondent:* The SHB, in managing a case when the complainant and respondent dynamic is a combination of faculty and staff, shall be made up of both the Senior Vice President and the Provost and Vice President for Academic Affairs, serving as co-chairs, and one faculty/staff member.

Basic Requirements of the Title IX Grievance Hearing

- The training of the SHB members shall be the responsibility of the Title IX Coordinator and the Deputy Title IX Coordinators.
- Any member selected to serve on the SHB must recuse themselves for any bias or conflict of interest. The complainant and the respondent will be notified of the identities of the SHB hearing panelists and may request a change if there is a conflict of interest. In the event of a conflict that involves the chair, a new chair shall be designated by the Title IX coordinator.

- Meetings of the SHB will not be delayed based on the complainant, respondent, or advisor's work schedule or the schedule/availability of the mentor(s). The complainant's and respondent's class or work schedule will be considered when scheduling SHB hearings.
- Meetings of the SHB are confidential and shall be closed to the public. Formal rules of process, procedure, and/or technical rules of evidence, such as are applied in a criminal or civil court, are not used in a meeting or hearing of the SHB.
- The SHB shall utilize relevant evidence, complainant, respondent, and witness statements made, and information obtained through testimony during the proceeding to determine whether or not a violation occurred. Further, this decision shall utilize the clear and convincing standard as its basis for determining culpability.
 - The standard of proof requires the SHB to evaluate relevant and not otherwise impermissible evidence for its persuasiveness.
 - If the SHB is not persuaded under the applicable standard by the evidence that sex discrimination occurred, whatever the quantity of the evidence is, the SHB will not determine that sex discrimination occurred.
- The following types of evidence, and questions seeking that evidence, are impermissible (*i.e.*, will not be accessed or considered, except by the SHB to determine whether one of the exceptions listed below applies; will not be disclosed; and will not otherwise be used), regardless of whether they are relevant:
 - Evidence that is protected under a privilege recognized by Federal or State law or evidence provided to a confidential employee, unless the person to whom the privilege or confidentiality is owed has voluntarily waived the privilege or confidentiality;
 - A party's or witness's records that are made or maintained by a physician, psychologist, or other recognized professional or paraprofessional in connection with the provision of treatment to the party or witness, unless the SHB obtains that party's or witness's voluntary, written consent for use in its grievance procedures; and
 - Evidence that relates to the complainant's sexual interests or prior sexual conduct, unless evidence about the complainant's prior sexual conduct is offered to prove that someone other than the respondent committed the alleged conduct or is evidence about specific incidents of the complainant's prior sexual conduct with the respondent that is offered to prove consent to the alleged sex-based harassment. The fact of prior consensual sexual conduct between the complainant and respondent does not by itself demonstrate or imply the complainant's consent to the alleged sex-based harassment or preclude determination that sex-based harassment occurred.
- There shall be a single verbatim record, typically a digital recording, of the SHB hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of the University and maintained securely on the University's server. The single verbatim record shall be made available to the parties for inspection and review.
- If necessary, the Chair of the SHB may order that the proceedings be transcribed in addition to the recording. Any transcribed proceedings shall be made available to the parties for inspection and review.

- The SHB may accept pertinent records, exhibits, results of or pending information regarding police investigations related specifically to the case, and written statements (including impact statements) for consideration. Medical records may also be considered. The investigator(s) will bring these items or information to the Chair's attention. The Chair may confer with other members of the SHB, but shall make all rulings on accepting input for the hearing.
- All procedural questions are subject to the final decision of the Chair of the SHB.
- If requested by the Chair of the SHB, Counseling Services will be present at SHB hearings as observers.
- Before adjourning, the SHB will meet privately with Counseling Services to address any issues that may have arisen from the meeting.
- After this portion of the SHB hearing concludes, all pertinent information has been reviewed, and all relevant questions have been answered, the SHB shall deliberate, in private, to determine whether the respondent is responsible for one or more violations of prohibited conduct. If found that a violation had occurred, the SHB will determine an appropriate response from the University based on the severity or frequency of violations, including past violations if any, and considering precedent.

Third-Party Respondents

When a third party is a respondent under this policy, the University will use grievance procedures that are generally consistent with the procedures described in this policy, appropriately modified based on the particular circumstances of the case and taking into account privacy requirements. In no case will a member of the University community (i.e., current student, faculty member, or staff member) be afforded lesser rights or lesser opportunities to participate in the grievance proceeding than the non-member of the University community.

General Procedural Rules of the Sexual Harassment Board

The Chair shall preside over and conduct the hearing and is specifically empowered to do or assure the following:

- That the rights and responsibilities of the complainant and respondent are observed.
- Control the admission of persons to the hearing. The Chair may order any person in attendance that does not conduct themselves in an orderly and respectful manner to leave. Obstructive, contemptuous, or disruptive conduct in the presence of the SHB by any person, including the complainant and respondent, may result in that person being charged with a violation of prohibited conduct and excluded from the hearing.
- The SHB will conduct the hearing with the parties physically present in the same geographic location or, at the SHB's discretion or upon the request of either party, will conduct the live hearing with the parties physically present in separate locations with technology enabling the decisionmaker and parties to simultaneously see and hear the party or witness while that person is speaking.
- The complainant shall normally be expected to attend the hearing in person and present the basis for their accusations. In cases in which one or more complainants cannot be present due to a compelling reason, the case may be postponed until the individual may

be present or they may participate by telephone, video, or other electronic means. Absence, due to graduation, withdrawal or other separation from the University, shall not be compelling reasons sufficient to justify participation without being present. If the complainant does not attend the hearing, their closing statement will not be delivered during the SHB hearing.

- Control the conduct of the SHB members, the complainant and respondent, as well as witnesses, to protect them from improper questions, insulting treatment, offensive body language, and unnecessary inquiry into their private affairs.
- Exclude witnesses from the hearing room except when they are providing information requested by the SHB.
- If a member of the SHB must leave before the hearing is complete with good cause, the Chair may, at the Chair's sole discretion, place the hearing in recess and reconvene the hearing within 24 hours.
- If a voting member recuses themselves or for good cause must withdraw from the hearing, the Chair shall select a replacement from the pool of qualified individuals. The Chair shall, after consultation with the respondent and the complainant (if applicable), provide the replacement with a summary of all prior proceedings.
- No person shall address the SHB or submit questions to the Chair for any witness without first being recognized by the Chair.
- Cross examination may not be conducted by a party personally. If a complainant does not have an advisor to conduct the cross examination, the University will appoint an advisor of its choice without charge to the part, for the purpose of advisor-conducted questioning. In those instances. The University will not appoint a confidential employee and may appoint, but is not required to appoint, an attorney to serve as an advisor.
- Only relevant cross examination and other questions may be asked of a party or witness as determined by the SHB Chair. The Chair must provide reasoning for exclusion of questions during cross examination.
- Cross examination may not include questions about a complainant's sexual behavior or disposition unless evidence of such behavior is offered to establish consent or to demonstrate that another party is responsible for committing the violation of conduct prohibited by this policy.
- The SHB may choose to place less or no weight upon statements by a party or witness who refuses to respond to questions deemed relevant and not impermissible. The SHB will not draw an inference about whether sex-based harassment occurred based solely on a party's or witness's refusal to respond to such questions.
- Taking of photographs in the hearing, broadcasting from the hearing (with the exception of videoconferencing per request and discretion of the Chair) or recording the hearing for non-official use or for later release or broadcast to the public, shall not be permitted.
- Failure of individuals to appear at proceedings may render their statements and/or testimony ineligible.

Order of the Hearing

The following is a general description of procedures for the live grievance hearing. These procedures may vary as appropriate for specific hearings at the discretion of the Chair of the SHB.

- The SHB will open and establish rules and expectations for the hearing.
- Presentation of the investigation report by the investigator, followed by questions to the investigator by the SHB and then cross examination by the parties' advisors.
- Complainant statement, followed by questions to the complainant by the SHB.
- Respondent statement, followed by questions to the respondent by the SHB.
- Fact and expert witness questioning by the SHB.
- The proceedings shall then recess, at which point the chair shall inform both the complainant and the respondent as well as their advisors, to write down any questions that they would like to submit to the SHB as part of cross examination upon reconvening. The SHB shall select only those questions that are relevant to the nature of the inquiry. Cross examination shall begin with the complainant, followed by the respondent, and then expert witnesses.
- Closing statement by complainant.
- Closing statement by respondent.

Cross-Examination Rules

- Before any cross-examination question is answered, the SHB will determine if the question is relevant and not otherwise impermissible before the question is posed and will explain any decision to exclude a question as not relevant or otherwise impermissible.
- Questions that are unclear or harassing of the party or witness being questioned will not be permitted. The SHB Chair will give a party an opportunity to clarify or revise a question that the SHB Chair determines is unclear or harassing. If the party sufficiently clarifies or revises the question, the question will be asked.
- Cross-examination questions that are duplicative of those already asked, including by the SHB may be deemed irrelevant if they have been asked and answered.
- During the parties' cross-examination, the SHB will have the authority to pause cross-examination at any time for the purposes of asking additional or clarifying questions and any time necessary to enforce rules of decorum.

Written Determination and Notification

Following the hearing, the SHB will review and evaluate all relevant and not otherwise impermissible evidence presented through the investigation and live hearing processes and then issue simultaneously to the parties a written determination whether sex discrimination and/or sex based harassment occurred under Title IX, which includes:

- The allegations of sex discrimination and, if applicable, sex based harassment;
- A description of the procedural steps taken to evaluate the allegations;
- An evaluation of the relevant and not otherwise impermissible evidence and determination whether sex discrimination and, if applicable, sex-based harassment occurred;
- When the SHB finds that sex discrimination and, if applicable, sex-based harassment occurred, any disciplinary sanctions the University will impose on the respondent, whether remedies other than the imposition of disciplinary sanctions will be provided by the University to the complainant (see **Implementation of Sanctions and Other Remedies**

section below), and, to the extent appropriate, other students identified by the University to be experiencing the effects of the sex-based harassment; and

- An explanation of the University's appeal process.

The written determination will be delivered simultaneously to both parties within ten business days after the hearing, unless the SHB determines additional time is needed to make a decision.

The University will not impose discipline on a respondent for sex discrimination prohibited by Title IX unless there is a determination at the conclusion of the Title IX grievance procedures that the respondent engaged in prohibited sex discrimination.

If there is a determination that sex discrimination occurred, as appropriate, the Title IX Coordinator will:

- Coordinate the provision and implementation of remedies to a complainant and other people the University identifies as having had equal access to the University's education program or activity limited or denied by sex discrimination;
- Coordinate the imposition of any disciplinary sanctions on a respondent, including notification to the complainant of any such disciplinary sanctions; and
- Take other appropriate prompt and effective steps to ensure that sex discrimination does not continue or recur within a Virginia Wesleyan University education program or activity.

In addition to the above, the Title IX Coordinator will:

- Comply with the Title IX grievance procedures before the imposition of any disciplinary sanctions against a respondent; and
- Not discipline a party, witness, or others participating in the Title IX grievance procedures for making a false statement or for engaging in consensual sexual conduct based solely on the determination whether sex discrimination occurred.

The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of any appeal, or, if no party appeals, the date on which an appeal would no longer be considered timely.

Appealing the Decision of the Sex Based Harassment Board

When requested in writing by the complainant or respondent, the decisions of the SHB may be reviewed by the Sex Based Harassment Committee of Appeals (SHCA):

- The complainant and the respondent have five (5) business days following receipt of outcome to appeal the decision of the SHB.
- Should an individual wish to appeal the decision of the SHB beyond five (5) days after receiving notification of the University's decision, they must bring the matter to the attention of the Title IX Coordinator citing reasons for the request. This type of appeal is reserved for special circumstances, such as new information that was not available prior to the expiration of the five (5)-day appeal period.

- This appeal must be provided in writing to the Title IX Coordinator and other party. This appeal must be based on one or more of the following:
 - Procedural irregularity that would change the outcome;
 - New evidence that would change the outcome and that was not reasonably available when the determination or dismissal was made; and
 - The Title IX Coordinator, investigator, or decision maker had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that would change the outcome.
- Should the basis for appeal meet the criteria previously mentioned and be deemed valid by the Title IX Coordinator, the matter will be referred to the SHCA.
- The Title IX Coordinator will notify both parties of the appeal in writing and provide a reasonable and equal opportunity to make a statement in support of, or challenging, the outcome.
- The SHCA is comprised of three trained faculty and staff members, one of whom shall preside as Chair. No member of the SHCA shall have taken part in an investigation of the allegations, the dismissal of a complaint, or the grievance hearing.
- The SHCA is not a hearing body but rather a review committee. Therefore, it will not conduct an additional hearing but will be responsible for reviewing documents, recordings, reports, transcripts, and findings of the SHB for procedural errors pertinent to the SHB hearing or for areas it believes the SHB should reconsider.
- When necessary, the SHCA may contact members of the SHB to discuss their deliberations and the rationale for their findings.
- An appeal will typically be resolved within 10 business days of filing. The timeline may be extended if necessary, including a temporary delay or the limited extension of time for good cause. The parties will be notified in writing of any extension of the timeframe and the reasons for such extension.
- Upon the completion of the SHCA's review, the SHCA will issue a written decision describing the result of the appeal and the rationale for the result and will provide the written decision simultaneously to both parties.
- Minor procedural errors, which the SHCA determines did not affect any portion of the outcome of SHB proceedings may be noted, but such errors need not result in a remand to the SHB for modification of its decision.

Implementation of Sanctions and Other Remedies

The Title IX Coordinator is responsible for effective implementation of any remedies. In accordance with applicable law, the University reserves the right to issue, among others, any of the following sanctions in any order in these circumstances depending on the facts:

- No-contact directives
- Restriction of work privileges
- Requirement to attend training and/or counseling
- Salary reduction or limitation
- Probation
- Written Warning and/or reprimand
- Loss of campus housing
- Restriction from participation in campus activities

- Restrictions from visiting residential and other areas of campus
- Suspension
- Dismissal
- Termination
- Discontinuation of relationship or association (in the case of a Third Party)
- Temporary or permanent barring from campus (in the case of a Third Party)

This list is not exclusive, but is intended to be illustrative of the common forms of sanction that may be issued upon a finding of employee or third-party responsibility.

Where a determination of responsibility for Title IX sexual harassment has been made against a respondent, the University may provide remedies to a complainant. Any such remedies will be designed to restore or preserve equal access to the University's education program or activity. The Title IX Coordinator is responsible for effective implementation of any remedies set forth in the written determination.

No disciplinary sanctions or other actions that are not supportive measures will be implemented against a respondent before the grievance process is final and the individual has been determined to violate this policy by the clear and convincing evidence standard.


V. Related Policies

HR 3.21 Discrimination and Harassment (Staff and Student Respondents)

HR 3.5 Non-Fraternization Policy

HR 3.2 Statement of Non-Discrimination

HR 3.21 Discrimination and Harassment (Staff and Student Respondents)

	Policy Title: Discrimination and Harassment (Staff and Student Respondents) Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.21
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Discrimination and Harassment (Staff and Student Respondents)

I. Purpose

The purpose of this policy is to foster the University's commitment to providing an educational and working environment free from unlawful discrimination, harassment, and retaliation.

II. Scope/Applicability

This policy applies to all University staff employees and students. It establishes a framework for addressing alleged incidents of non-sex-based complaints of discrimination, harassment, and related retaliation involving staff or students respondents. Alleged incidents of non-sex-based complaints of discrimination, harassment, and related retaliation involving a faculty respondent is governed by the procedures set forth in the Faculty Handbook.

In addition to this policy, HR 3.20 Title IX Sex Based Harassment and Discrimination Policy addresses instances of sex discrimination, including sex based harassment, falling within the jurisdiction of Title IX. An alleged incident of Title IX sex discrimination, including sex-based harassment, will be governed exclusively by HR 3.20 Title IX Sex Based Harassment and Discrimination Policy.

III. Definitions/Key Terms

Discrimination: unfavorable treatment of an individual because of that person's actual or perceived race, religion, color, creed, sex, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status ("protected status").

Harassment: is a form of discrimination that encompasses unwelcome verbal or physical conduct directed at a person based on a protected status, when these behaviors are sufficiently severe and/or pervasive to have the effect of unreasonably interfering with an individual's educational experience, working conditions, or living conditions by creating an intimidating, hostile, or offensive environment. A determination of whether conduct is considered hostile is based on the totality of the circumstances of the situation. Isolated incidents or comments (unless extremely serious) will generally not rise to the level of harassment under this definition.

Retaliation: engaging in conduct that may reasonably be perceived to either (a) adversely affect

a person's work environment because of their good faith participation in the reporting, investigation, and/or resolution of a report of a violation of this policy; or (b) discourage a reasonable person from making a report or participating in an investigation under this policy, or any other local, state, or federal complaint process (e.g., filing a complaint with an entity like the U.S. Department of Education).

IV. Policy

Virginia Wesleyan University is committed to providing its students, faculty, and staff a working and learning environment that is free from discrimination and harassment by any member of the University community and, in certain circumstances, agents and non-employees who have contact with students and employees. Harassment or discrimination on the basis of race, religion, color, creed, sex, sexual orientation, gender identity, gender expression, national and ethnic origin, age, marital status, military and covered veteran status, disability, sexual orientation, pregnancy, childbirth or related medical conditions, genetic information (including family medical history), political affiliation, or any other legally protected status of members of Virginia Wesleyan University community is unacceptable conduct and will not be tolerated. In many cases, it is also unlawful.

The University responds to all allegations of discrimination and harassment and takes steps to ensure that each is handled according to applicable policies and legal requirements. When the University becomes aware that a member of the University community may have been subjected to or affected by discriminatory and/or harassing behavior, the University will take prompt action, including a review of the matter and, if necessary, an investigation and appropriate action to stop the discrimination and/or harassment. What constitutes harassment or discrimination of any type will be interpreted and applied with consistency and in accordance with prevailing law, accepted standards of mature behavior, academic freedom, and freedom of expression. The course of action taken by the University, including any disciplinary penalty, will depend on the particular facts and circumstances involved.

Academic Freedom

The University's policies and procedures relating to harassment and discrimination are not intended to inhibit or restrict academic freedom. Virginia Wesleyan University is firmly committed to the principles of Academic Freedom, and hence to the protection of the right of all members of the University community to engage in all forms of inquiry and debate.

Confidentiality

Complaints about harassment and/or discrimination will be responded to promptly and equitably. The right to confidentiality of all members of the academic community will be respected insofar as is practical without jeopardizing the University's duty to investigate.

Retaliation

This policy explicitly prohibits retaliation against individuals for bringing good faith complaints of harassment and/or discrimination. Any person who retaliates against a complainant shall be

subject to disciplinary action up to and including discharge.

False Charges

Purely malicious accusations of harassment and/or discrimination are harmful to the personal and professional reputation of the person so accused. The University regards harassment and discrimination complaints made with malicious intent to be a very serious matter and subject to appropriate sanctions. They may also subject the complainant to civil liability.

Options for Addressing Discrimination and/or Harassment

The University encourages all members of the University community to report incidents of discrimination and/or harassment. When individuals feel that they have been subjected to discrimination and/or harassment or have observed discrimination or harassment of others, they have many options, including consulting with a confidential resource, raising the matter informally with their supervisor or area vice president, or filing a formal complaint with Human Resources (staff) or the Senior Vice President (students). Individuals are encouraged to seek assistance from a confidential resource before deciding how to proceed, particularly if the matter involves a sex or gender-based complaint of harassment and/or discrimination. Members of the University community are reminded that all non-confidential faculty and staff members are considered mandatory reporters and must report potential Title IX violations to the Title IX Coordinator.

Confidential Resources

The University's confidential resources are trained to understand issues of discrimination and/or harassment. Information shared with confidential resources (including information about whether an individual has received services) will only be disclosed to other University officials or any other person with the individual's express written permission, unless there is an imminent threat of serious harm to the individual or to others, or a legal obligation to reveal such information (e.g., if there is suspected abuse or neglect of a minor). If after speaking with a confidential resource a member of the campus community does not wish to initiate an informal or formal complaint, the confidential resource will take no action. If a member of the campus community does wish to make a complaint, these individuals are knowledgeable about the University's policies and procedures and will assist in making connections with an appropriate University administrator.

Student Confidential Resources

- **Michelle De Rosa**, Director of Counseling and Student Health, 757.455.3131, mderosa@vwu.edu
- **Brandon Foster**, Therapist, 757.455.5730
- **Marie Porter**, Director of Campus Ministries, 757.455.3400
- **Student Health Center Personnel**, 757.455.3108

Employee Confidential Resources

- The Employee Assistance Program (EAP) is available 24 hours a day, 7 days a week and is completely confidential.

Informal and Formal Reporting Procedures

Any Virginia Wesleyan University student or staff employee having a non-sex based complaint of harassment and/or discrimination may raise the matter informally and/or file a formal grievance. The informal process is an attempt to mediate between the parties involved and effect a mutually agreeable solution without entering into the formal investigation and resolution process. If the complainant or respondent at any time chooses not to participate in the informal procedure or feels that the informal procedure is inadequate or has been unsuccessful, the complainant or the respondent may utilize the formal resolution procedure outlined below.

An informal complaint may result in disciplinary action only if the appropriate supervisor/vice president is aware of a pattern of complaints regarding harassment involving the accused employee.

A formal procedure will not be initiated without a written, signed complaint. A formal complaint may result in disciplinary action being taken against a person who, as a result of an investigative process, is found to have committed an act or acts of harassment or discrimination against the individual filing the complaint.

Regardless of whether the complainant raises the matter informally or formally, any allegation of harassment or discrimination will be taken seriously by the University and will be thoroughly investigated in a timely manner.

Office of the President

Any individual who believes that a harassment or discrimination complaint did not receive prompt and equitable response after pursuing the appropriate procedures should inform the Office of the President.

Informal Complaints

If a staff employee believes that they have been a victim of non-sex based harassment or discrimination in violation of this policy by another member of the University community, they are encouraged to discuss the concern with their supervisor. If the complainant is not comfortable with going to their supervisor, they should discuss the concern with the appropriate vice president in charge of the employee's department.

In the case of a student allegedly harassing a staff employee, the employee is encouraged to discuss the concern with the Senior Vice President or the Director of Residence Life. The matter may then be taken through the *Community Arbitration System* (see Standards of Student Conduct).

In the case of a student who feels that they have been a victim of non-sex based harassment or discrimination in violation of this policy by a staff or faculty member, the student is encouraged

to discuss the concern with the Senior Vice President. If the alleged victim is not comfortable with going to the Senior Vice President, they should discuss the concern with the Director of Residence Life. Student-athletes who feel that they have been a victim of harassment by a member of the Administrative or Support Staff or faculty member may also elect to address concerns with the Executive Director of Intercollegiate Athletics.

As a result of that discussion, the complainant may select one of three courses of action: (1) proceed with a formal complaint; (2) ask the supervisor/vice president to attempt an informal resolution of the matter; or (3) drop the complaint.

If the complainant decides to drop the complaint, the appropriate vice president (or Executive Director of Intercollegiate Athletics) will decide what, if any, further action shall be taken against the respondent.

If a request for an informal resolution is made, the supervisor/vice president, along with the Director of Human Resources, shall meet with the complainant to document the complaint and to determine if the complainant is comfortable with having their identity revealed to the respondent. Subsequent to this meeting, a meeting of the supervisor/vice president, the Director of Human Resources, and respondent will be held to inform the respondent of the informal charges being levied against them.

If the respondent agrees to participate in the informal resolution process, the supervisor/vice president and Director of Human Resources will facilitate a dialogue with the parties to reach an amicable resolution. If, as a result of these informal discussions, all parties involved believe that a satisfactory resolution has been achieved, the supervisor/vice president shall decide what, if any, further action shall be taken to satisfy the University's obligation to provide a safe and non-discriminatory environment for the University community. A party may withdraw from the informal resolution process at any time. If the supervisor/vice president decides that some type of further action is needed, the respondent may appeal this decision through HR 4.4 Staff Problem Resolution Procedure) in the case of a staff employee, or through the Community Arbitration System in the case of a student.

If a mutually agreeable resolution is not achieved, the complainant may elect to bring a formal complaint.

Formal Complaint

A formal complaint of harassment or discrimination against a staff or student begins with a meeting of the person bringing the complaint, and that person's supervisor, the vice president in charge of that person's department, or, in the case of a student, the Senior Vice President or the Director of Residence Life and the Director of Human Resources. To this meeting, the complainant brings a written and signed statement of the complaint.

Investigation

As a first step in the investigation process, the Director of Human Resources will conduct an initial assessment of the information provided in the complaint to consider whether the alleged

conduct, if substantiated by a preponderance of the evidence, could constitute prohibited conduct under this policy. If so, the Director of Human Resources will determine that the complaint may proceed to investigation or, if appropriate, refer the complaint to another office with jurisdiction over the matter. If the alleged conduct could not, even if substantiated, constitute prohibited conduct in violation of this policy, the Director of Human Resources may dismiss the complaint from further review. The dismissal of a complaint during the initial assessment is final and not subject to appeal.

If the Director of Human resources determines that the matter shall proceed to investigation, the supervisor/vice president, in conjunction with the Director of Human Resources, shall plan a meeting with the accused staff employee or student to discuss the charge. The alleged offender shall receive a copy of the written complaint.

If the staff employee or student requests, and the complainant agrees, the complainant may meet with the alleged offender at an appropriate stage of the investigation. This meeting shall take place in the presence of the supervisor/vice president, the Director of Human Resources, and/or an appropriate designee. If the alleged offender claims to be innocent of the charge, they shall state this in writing to the supervisor/vice president.

If the supervisor/vice president and Director of Human Resources decide, based on the case, that further investigation is necessary, this shall be pursued in the timeliest manner possible. In addition, in the case of further investigation, wherever possible the confidentiality of all involved individuals shall be maintained. The investigation will be conducted by the Director of Human resources or a trained designee. At the discretion of the Director of Human Resources, an external investigator(s) may be utilized. The purpose of the investigation is to gather facts relating to the incident(s) outlined in the written complaint and to determine, using the preponderance of the evidence standard, whether it is more likely than not that the alleged behavior occurred and, if so, whether it constitutes discrimination and/or harassment. The investigator (or co-investigators, as necessary) will conduct a fact-finding inquiry that may include written statements, interviews, and any other sources of evidence the investigator deems appropriate.

While the length of an investigation will depend on a variety of factors, including the nature and scope of the allegations, the number of parties and witnesses, and the availability of parties and witnesses, the investigator(s) will seek to conclude the investigation within 60 business days of the conclusion of the complainant's initial formal interview by the investigator(s), which typically commences the investigation.

All University community members are expected to cooperate fully in the investigation process. Any staff member or student who is the subject of, or potential witness regarding, a discrimination or harassment complaint and refuses to cooperate in an investigation is subject to discipline.

Adversarial hearings, including confrontation, cross-examination by the parties, and active advocacy by attorneys or other outside advocates, are not permitted during the investigation process.

At the conclusion of the investigation, the investigator(s) will prepare a written fact-finding report. The written report will be submitted to the supervisor/vice president and the Director of Human Resources.

If, after the completion of the investigation, the supervisor/vice president and the Director of Human Resources decide that the accused administrative/support staff member/student has violated this policy by the clear and convincing standard, appropriate corrective action shall be taken proportionate to the severity and/or frequency of the offense. In addition, where appropriate, the Director of Human Resources may implement measures to ensure that the person who filed the complaint is not subjected to further discrimination or harassment, and to remedy the effects of any discrimination or harassment that may have occurred.

Corrective action for students, at the discretion of the University, may include, but are not limited to, a warning, reprimand, disciplinary probation, withholding of degree, suspension, expulsion.

Corrective action for staff, at the discretion of the University, may include, but are not limited to, counseling or training, separation of the parties, and/or discipline of the accused, including a written warning, financial penalty, suspension, demotion or termination in accordance with University policy.

Appeals

In the event that an offending staff member disagrees with the disposition, the offending employee may follow the HR 4.4 Staff Problem Resolution Procedure.

In the event that the accused student disagrees with the disposition, the student may follow the procedure outlined in the Community Arbitration System.

Complaints against the President

In the event that a formal complaint is levied against the President of the University, the Director of Human Resources shall submit the written complaint to the Chair of the Board of Trustees for resolution.

Counseling

The University offers and encourages any individual who might have been a victim of discrimination or harassment on its campus to use the Virginia Wesleyan University Student Counseling Center (students) or the Employee Assistance Program (employees).

V. Related Policies

HR 2.1 Equal Employment Opportunity

HR 3.5 Non-Fraternization Policy

HR 4.4 Staff Problem Resolution Procedure


HR 3.2 Statement of Non-Discrimination

HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

Faculty Handbook Harassment Policy

Student Handbook

HR 3.22 External Grant Applications

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: External Grant Applications Approved by: Vice President for Academic Affairs Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.22
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External Grant Applications

I. Purpose

The purpose of this policy is to ensure that all grant awards are managed in compliance with relevant regulations.

II. Scope/Applicability

All faculty and staff submitting external grant proposals.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Prior to the formal preparation of any external grant proposal (regardless of the amount requested), faculty must submit a brief synopsis of the request to the School Dean. This document should include a preliminary title of the grant proposal, a brief description of the objectives of the grant, identification of the funding source (federal, state, foundation or society), specificity with regards to the amount requested, a listing of the anticipated date of submission (and estimated start date of the proposed work, if funded) and a discussion of the expectations for institutional support for a funded award (matching funds, access to facilities, management of budget, etc.).

It is the responsibility of the School Dean to submit this preliminary proposal to the Grants Committee for internal review. It is strongly recommended that this proposal be submitted to the Grants Committee at least six weeks prior to the deadline to ensure adequate time for a comprehensive review. This process is intended to ensure that all grant awards are managed in compliance with relevant regulations.

The School Dean will inform the faculty member(s) as to the status of the proposal following review by the Grants Committee. If approved, faculty must share a full draft of the grant proposal along with a finished budget and budget justification with the School Dean at least two weeks prior to the submission deadline. The School Dean will circulate the proposal to the Grants Committee at this time, who will review and provide feedback on the proposal to ensure that that grant meets all internal and external requirements (e.g, overhead, indirect costs, etc.).

Faculty must provide a copy of the final grant submission and both the internal and external budgets to the Office of Advancement and Finance. This process will enable track the expenditures of funds accurately and to allocate funds when they come in.

It is the responsibility of the faculty member(s) to notify the School Dean and the Grants Committee of the official submission of the proposal and to update the committee as to whether the grant is funded or declined. Any questions about the review process should be directed to the School Dean or to the Vice President for Academic Affairs.


For purposes of calculating summer salary, faculty are, in general, eligible to receive up to two months of summer salary per calendar year of the grant award. A month's worth of summer salary is calculated by dividing annual base salary (excluding compensation for overloads, administrative duties) by a factor of 10. All grants requesting summer salary must also include requests for fringe benefits (currently set at a rate of 14.4%). If permitted, grant budgets should also include indirect costs, currently set at 10%. This rate only applies to specific budget line items, including salary, fringe benefits and travel. Faculty are strongly encouraged to consult with the School Dean and the Vice President of Finance concerning the inclusion and relevant application of indirect costs to specific budget line items.

Once a grant is approved, the Executive Assistant to the President handles the submission and administration of the grant and the Associate Vice President for Academic Affairs oversees the content of the grant submission and compliance for awarded grants. The AVice President for Academic Affairs will sign off before any grant is submitted.

V. Related Policies

Not Applicable.

HR 3.23 University Owned Mobile Devices

	Policy Title: University-Owned Mobile Devices Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 3.23
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University-Owned Mobile Devices

I. Purpose

The purpose of this policy is to establish guidelines for the responsible and secure use of University-owned mobile devices.

II. Scope/Applicability

All University employees issued a University-owned mobile device.

III. Definitions/Key Terms

Mobile Device: any handheld or portable cellular telephone or communication device such as a smartphone or tablet computer. Any device running a full desktop version operating system is not included in this definition.

Restricted Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program or office of the University in support of the University's mission.

IV. Policy

Where job or business needs demand immediate access to an employee, the University may issue a University owned and serviced mobile device to an employee for work-related communications or offer a phone allowance for the employee to use their own mobile device.

Limited Expectation of Privacy

Employees who are issued University owned mobile devices understand that the University is entitled to review invoicing records with respect to the device's use for University business. This shall remain in effect unless otherwise expressed in an alternative agreement. Otherwise under this policy, the University can review phone logs, text messages, University-related e-mail, and internet usage logs.

University issued mobile devices shall remain the sole property of the University and shall be subject to inspection and/or monitoring (including related records including text messages) at any time. Employees in possession of University mobile devices are expected to protect the equipment from loss, damage, or theft. Upon resignation or termination of employment, or at any time upon request, the employee may be asked to produce the mobile device for return or inspection. Employees unable to present the mobile device in good working condition within the time period requested may be expected to bear the cost of a replacement.

Safety Issues for Use of Mobile Devices

Employees are prohibited from using University issued mobile devices while driving. Employees should place safety before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees should pull off to a reasonably safe location and safely stop the vehicle before placing or accepting a call, writing an email or text, etc. Special care should be taken in situations where there is heavy traffic or inclement weather or the employee is driving in an unfamiliar area. Under no circumstances are employees expected to place themselves at risk to fulfill business or personal needs.

Mobile Device Security Controls

All employees issued a University-owned mobile device must adhere to IT 7.1 Acceptable Use Policy and the security controls set forth in IT 7.4 Classification of Data Policy.

Personal Use

The employee may use a University-issued mobile device for personal use, provided, however, that such does not violate any University policy, including the University's Acceptable Use Policy (signed at the time of issue). If an employee's personal use of the University's mobile device results in a charge to the University, the user will be responsible for reimbursing the University. Upon credible evidence of a violation of the University's Acceptable Use Policy, the University may inspect all contents of a University-issued mobile device. The University will not be responsible for applications purchased personally by the user on the University-issued mobile devices. Employees who separate from employment must settle any outstanding debts for personal mobile device use prior to leaving the University.

In the event that an employee is under investigation for an alleged violation of areas such as but not limited to University policy, NCAA regulations, federal and/or state law, the University may be required to review personal usage on the University issued mobile device.


Violations of this policy will be subject to discipline, up to and including separation of employment.

V. Related Policies

IT 7.1 Acceptable Use Policy
IT 7.4 Classification of Data Policy

STAFF WORKPLACE POLICIES

HR 4.1 Staff Performance Evaluation

	Policy Title: Staff Performance Evaluation Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 4.1
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Staff Performance Evaluation

I. Purpose

The purpose of this policy is to establish a consistent approach and operating philosophy for providing feedback and assessment of staff performance through annual evaluation.

II. Scope/Applicability

All University staff employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Goals

Virginia Wesleyan University's performance evaluation policy has been established to enable each staff employee to receive regular feedback on their job performance, to assist them to become more effective in their position and to inform supervisors of the staff employee's career aspirations.

Objectives

The principle objectives of the performance evaluation are to:

- Evaluate and improve performance.
- Facilitate mutual feed-back and communication between the employee and the supervisor.
- Develop or modify objectives, and the means to implement those objectives.
- Plan professional development and training.
- Ensure position descriptions are accurate.
- Provide a basis for potential salary recommendations.

The supervisor and the employee are strongly encouraged to discuss job performance and goals on an informal day-to-day basis. Annual formal evaluations are recommended.


Evaluation Procedures

1. The employee completes their portion of the evaluation and shares it with the supervisor.
2. The supervisor will complete the entire evaluation form and send it to the appropriate vice president of the supervisor's area.
3. The vice president will review the evaluation form and share any comments with the supervisor.
4. The supervisor will review the evaluation with the employee.
5. The employee may add any comments they may wish to make and sign the form.
6. The supervisor signs the form.
7. The completed forms are sent to Human Resources to be maintained in the employee's personnel file.

V. Related Policies

Not Applicable.

HR 4.2 Staff Outside Employment, Opportunities, and Other Activities

	Policy Title: Staff Outside Employment, Opportunities, and Other Activities Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 4.2
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Staff Outside Employment, Opportunities, and Other Activities

I. Purpose

The purpose of this policy is to establish guidelines that balance the professional responsibilities of full-time staff employees with their outside activities, ensuring transparency and the avoidance of conflicts of interest.

II. Scope/Applicability

All full-time University staff employees.

III. Definitions/Key Terms

Outside Activity: any employment, business ventures, volunteer work, or other engagements undertaken by an employee outside of their primary employment with the University.

Outside Employment: any activity unrelated to Virginia Wesleyan University for which economic benefit is received, including but not limited to, cash payments, non-cash compensation (share of profits, share of stock, equity participation, or other) that may be agreed to by an employee of the University and another employer.

IV. Policy

All staff employees have a right to do their personal activities during non-working hours. However, outside employment or other activities must not conflict or appear to conflict with the University's business, with an employee's ability to fulfill the prescribed duties of their University position, or adversely impact the reputation of the University.

Therefore, without prior written permission, full-time VWU staff employees may not engage in outside employment or activities that conflict or appear to conflict with an employee's ability to fulfill their prescribed duties. In general, full-time staff employees:

1. May not work for an organization that competes with the University.
2. May not start up a business that plans to offer products and/or services that compete with those offered by the University.
3. May not use the University's equipment, time, materials, or facilities in paid or unpaid work for other organizations or for personal financial gain.

4. May not engage in any outside employment or activities that prevent the employee from fully performing work for which the individual is employed at the University, including overtime assignments.
5. May not participate, directly or indirectly, in any arrangement, investment, or other activity with any vendor, supplier, or other party doing business with the University which would result in personal benefit to the employee or the employee's immediate household or family.
6. May not engage in any outside employment or activities that makes use of any of the University's proprietary or confidential information.

The above listing is not intended to be exhaustive.


To avoid a conflict of interest, or even the appearance of such a conflict, full-time staff employees must disclose and discuss any planned outside employment or activities with an appropriate supervisor. See the Office of the President for the appropriate Conflict of Interest form.

V. Related Policies

HR 3.1 Rules of Conduct

HR 3.4 Conflict of Interest

HR 4.3 Staff Employee Counseling Summary (Corrective Discipline)

	Policy Title: Staff Employee Counseling Summary (Corrective Discipline) Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 4.3
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Staff Employee Counseling Summary (Corrective Discipline)

I. Purpose

The purpose of this policy is to define a structured staff employee counseling process to improve and prevent a recurrence of undesirable employee behavior and performance issues.

II. Scope/Applicability

All University staff employees who have completed the introductory period.

III. Definitions/Key Terms

Corrective Discipline: employment-related action (including imposition of sanctions) undertaken to correct or modify unacceptable job performance or behavior to acceptable standards.

Corrective action is at the discretion of the University and may include a verbal warning, written warning, a Performance Improvement Plan, suspension without pay, demotion (may include a reduction in pay), transfer, and/or fines.

IV. Policy

The Performance Improvement Plan provides opportunities for staff employees to correct unacceptable performance (if the violation(s) do not warrant immediate termination). Additionally, it provides the supervisor and/or department head with a mechanism for correcting or terminating an employee who appears unable or unwilling to comply with designated policies and procedures and/or lacks the ability to satisfactorily perform their job.

Any time a supervisor/department head feels it is necessary to begin and/or continue corrective discipline with an employee, that supervisor is to contact the supervising vice president. If necessary, the vice president might involve the Director of Human Resources to assist in maintaining objectivity, fairness, and consistency with the counseling procedure.

The counseling process is designed to be positive. It provides a staff employee the information necessary to understand what aspect of work performance or conduct is unacceptable, identifies the improvements that are expected, and provides an opportunity for the employee to demonstrate the expected improvements. The counseling process may include, but is not limited to, verbal warning, written warning, a written development plan, mandatory training, suspension without pay, demotion (may include a reduction in pay), transfer, and/or fines.

The appropriate corrective discipline may vary depending on the seriousness of the offense, the circumstances under which it occurred, prior problems, duties of the staff employee, length of employment and overall work record with the University. Ultimately, the course of action will be determined by the supervisor/department head in consultation with the area vice president on a case-by-case basis. In accordance with the at-will relationship the University has with its staff employees, at all times, the University reserves the right to immediately terminate an employee for cause.


The Performance Improvement Plan will remain in the employee's personnel file indefinitely. However, it will be part of the progression of corrective discipline for one (1) year from date of occurrence.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between the University and its staff employees. The University reserves the right to deviate from this policy or modify this policy in whole or in part, at any time, at its discretion.

V. Related Policies

HR 4.1 Staff Performance Evaluation

HR 4.4 Staff Promotion and Transfer

	Policy Title: Staff Promotion and Transfer Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 4.4
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Staff Promotion and Transfer

I. Purpose

The purpose of this policy is to provide transparent guidelines and equitable opportunities for staff employees seeking career advancement and internal mobility within the University.

II. Scope/Applicability

All University staff employees.

III. Definitions/Key Terms

Introductory Period: the initial period of employment, during which both the staff employee and supervisor carefully consider whether the employee is willing and/or able to meet the standards and expectations of the job and if the employee should be retained by the University as a regular staff employee.

IV. Policy

The University considers carefully the education, experience, job performance, and attendance record of current staff employees before hiring anyone from outside the University.

To be eligible to apply for a posted position, current staff employees must meet the minimum hiring specifications for the position, be in good standing in terms of their overall work record and have completed the introductory period (see HR 1.3 Introductory Period). Exceptions may be granted at the discretion of the applicable vice president. Employees are not required to notify their supervisors when submitting an application for a posted University position. Once a staff employee is considered a finalist for the position, the employee's current supervisor will be contacted prior to completion of the promotion or transfer process.

Internal Postings

Job openings at the University are posted in accordance with HR 2.2 Hiring Practices.

Any employee interested in a posted position must apply by the deadline indicated in the position announcement.

Eligibility for Promotion or Transfer

To be eligible for promotion or transfer, current employees must:

- Be a regular full-time or part-time employee;
- Be in their current position through at least the probationary period;
- Be unrelated to an individual who directly supervises the open position; and
- Have not received disciplinary action for a period of one year.

Promotions

Promotion is considered a change from one position to another, involving greater duties and responsibilities and possibly a higher salary. Generally, openings will be posted and any qualified staff employee may apply for a position that would be either a promotion or transfer. A staff employee's indication of an interest in a promotion will in no way affect the employee's current position. The University is not required to train candidates for skilled positions. An outside candidate who is more qualified for a position may be selected over internal candidates.

Transfer Guidelines

A transfer is defined as a move to a position involving the same level or less responsibilities and duties. In some cases, this may involve a reduction of salary.

The department from which the transfer is being made is entitled to at least two weeks' notice for staff employees and one month for staff administrators.

References and Pre-Employment Background Investigations

Hiring supervisors are required to check references with the employee's current supervisor on all transfers or promotions within the University. The hiring supervisors will inform the final candidate that references will be checked and use the same criteria for asking relevant reference questions as they use when conducting interviews with external candidates. In addition, any necessary background screens will be conducted in accordance with HR 2.4 Pre-Employment Background Investigations.

New Introductory Period

Any individual who is promoted or transferred to a new job or who undergoes a job change in accordance with the policies outlined below will be required to serve a new Introductory Period for that position (see HR 1.3 Introductory Period). At the end of the new Introductory Period, the supervisor will complete a performance evaluation. If the employee is unable to satisfactorily fulfill the requirements of the new job, they may be considered for other job openings that exist, or employment may be terminated. Please note, however, that an internal candidate who is selected for a position and later becomes dissatisfied has no claim to the previous position.


V. Related Policies

HR 2.2 Hiring Practices

HR 1.3 Introductory Period

HR 2.4 Pre-Employment Background Investigations

HR 4.5 Staff Problem Resolution Procedure (Grievance Procedure)

	Policy Title: Staff Problem Resolution Procedure (Grievance Procedure) Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 4.4
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Staff Problem Resolution Procedure (Staff Grievance Procedure)

I. Purpose

The purpose of this policy is to establish formal procedures and guidelines to address staff employee workplace problems.

II. Scope/Applicability

All University staff employees who have completed the introductory period.

III. Definitions/Key Terms

Problem Resolution: a process designed to address staff workplace problems, disputes, or complaints which claim a violation or misapplication of University policies. The Problem Resolution Procedure does not apply to the following:

- Issues falling within the jurisdiction of other University or department policies and procedures (i.e., Title IX complaints, unlawful discrimination and harassment complaints, etc.).
- Determination or content of a University or department policy or procedure.
- Normal actions taken or recommendations made by individuals acting in an official capacity in the grievance resolution process.
- Failure to satisfy the individual making the grievance after the grievance process has been completed.

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action against any such complainant.

IV. Policy

Virginia Wesleyan University recognizes that positive employee relations and morale can best be achieved and maintained in a working environment that promotes ongoing open communication between supervisors and their employees. This includes open and candid discussions of work-related employee problems and concerns. The University encourages its employees to express problems and opinions on any work-related issue so that issues can be resolved quickly and in a manner which enhances mutual understanding.

Any employee who elects to participate in the Problem Resolution Procedure will not be retaliated against in any way by the University, its employees, or agents. Retaliation against an employee for participating in the Problem Resolution Procedure in good faith will not be tolerated and will subject the individual engaging in the retaliation to disciplinary action up to and including termination. Any complaints about retaliation may be reported to the Director of Human Resources.

In most instances, informal discussion with the supervisor will solve a problem. However, if an employee and the supervisor cannot reach a solution, Virginia Wesleyan University offers the following Problem Resolution Procedure:


- Employee presents the problem in writing (signed and dated) within 10 calendar days to their supervisor. In situations where there are multiple supervisors between the employee and the vice president, the employee presents the problem to (preferably) the immediate supervisor. It is the responsibility of the immediate supervisor to ensure that all other appropriate supervisors are notified of the action. Employee sends a copy of written statement to Human Resources.
- Supervisor responds in writing, with signature and date, to the employee within seven (7) calendar days. Supervisor sends a copy of written response to Human Resources.
- If the problem is not settled at this point, the employee presents the problem in writing to the vice president in charge of the department within five (5) working days. Written statements are signed and dated. The employee sends a copy of the statement to Human Resources.
- The vice president responds in writing (signed and dated) to the employee within five (5) working days. The vice president sends a copy of the statement to Human Resources. If the problem is not settled at this point, the employee presents the problem in writing (signed and dated) to the University President within five (5) working days for final decision. The employee sends a copy of the statement to Human Resources.
- The President, whose decision is final, notifies, in writing, the employee and Human Resources.
- Human Resources notifies, in writing, any other appropriate individuals that might have been involved in the problem or the Problem Resolution Procedure.

V. Related Policies

Not Applicable.

PAY-RELATED

HR 5.1 Payroll Policies

	Policy Title: Payroll Policies Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 5.1
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Payroll Policies

I. Purpose

The purpose of this policy is to establish clear standards for the administration of payroll processes within the University.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Exempt Employee: employees who are exempt from minimum wage and overtime provisions of the Fair Labor Standards Act as amended.

Garnishments: court ordered deductions from earnings for monies owed to a company, government or individual, for example, monies owed in child support, unpaid student loans, bankruptcy collection, unpaid taxes and/or other debt.

Non-Exempt Employee: employees who are covered by minimum wage, overtime, and time-keeping provisions of the Fair Labor Standards Act as amended. These employees receive overtime pay for any hours worked over 40 per week.

IV. Policy

Working Hours, Time Reporting, and Overtime

Working Hours

Adhering to the assigned work schedule is essential to ensure that there is appropriate coverage and synergy among all work groups in the delivery of quality service to students.

The administrative offices at Virginia Wesleyan University are open Monday through Friday from 8:30 a.m. to 4:30 p.m. with one (1) hour allotted for lunch. Hourly and salaried non-exempt employees are paid for actual hours worked, rounded to the nearest quarter hour. The supervisor of each department determines the schedule for the department.

Exempt Employees: The normal work schedule for full-time exempt employees is a seven (7) or eight (8) hour workday, 35 or 40-hour work week, not including required unpaid lunch breaks. If there is an exception to the normal schedule, Human Resources will ensure compliance with FLSA requirements.

Exempt employees are expected to work all scheduled hours each week and may be expected to work extra hours to perform the duties of the job. Attendance at University events such as convocation, graduation, and orientation may also be necessary. Exempt employees are not eligible for overtime or additional pay for hours worked or travel time outside their regular schedule.

Non-Exempt Employees: The normal work schedule for full-time non-exempt positions is a seven (7) or eight (8) hour workday, 35 or 40-hour work week, not including required unpaid lunch breaks.

Non-Exempt employees are expected to work all scheduled hours and take a ten (10)-minute break for each half day worked. Non-exempt employees may be required to work certain hours outside of their regular work schedule to best meet the needs of the University. This may include attendance at certain University events. Any hours worked beyond the non-exempt employee's normal schedule will be paid in accordance with FLSA and Commonwealth of Virginia wage and hour laws.

Non-exempt employees are not permitted to perform duties off-campus unless required by and specifically approved by the employee's supervisor, including all types of work-related communication. This exclusion is necessary to avoid violations of wage and hour laws as well as unintended overtime expense and therefore must be strictly adhered to. Non-exempt employees authorized to telecommute by a supervisor must accurately record all worked time, not including unpaid breaks, using the University's payroll system and may not work outside of their assigned work hours unless specifically authorized by the supervisor.

Hours of Work Guidelines

1. *Meal Periods:* Meal periods are considered personal time, and employees are encouraged to leave the immediate work area to eat and relax. Whenever possible, the meal break should be scheduled near the middle of the shift. Time spent during the meal period is not considered work time for pay purpose unless the employee is required to work during the break. "Work" includes the performance of any work or activity (including being on call or otherwise available) on behalf the University.
2. *Breaks for Breastfeeding Mothers:* Reasonable break periods will be provided for a breastfeeding mother to express breast milk for her child up to three (3) years after the child's birth. Please refer to HR 3.19 Reasonable Accommodations for Pregnancy in the Workplace for information regarding the University's program to accommodate breastfeeding mothers to express and store their milk during work hours. The University does not discriminate in any way against an employee who chooses to express breast milk on campus. Non-exempt employees should not include the break as worked time when completing their timecard.

3. *Travel Time for Non-Exempt Employees:* In accordance with the FLSA, travel time will be paid at the employee's regular hourly rate, or overtime rate when the total number of hours worked is in excess of 40 in a pay week (Sunday through Saturday). The number of compensable travel hours the University will pay is dependent on whether the trip is one day only or overnight, and whether the travel time takes place within normal or outside of normal work hours.
- a. **Normal Commute:** Normal commute/travel time to and from work is not compensated by the University.
 - b. **Same Day Travel:** Time spent traveling, during normal work hours, to and from a work site or to and from another city is counted as hours worked, whether as a driver or passenger by car or common carrier (airplane, train, boat, bus). If the non-exempt employee departs directly from the employee's home and/or if the staff member returns directly home for work-related travel, the normal commute time will be deducted from the hours worked.
 - c. **Overnight Travel:** When travel keeps a non-exempt employee away from home overnight, any portion of authorized travel time that takes place within normal work hours on any day of the week, including Saturday and Sunday, is included as work hours.
 - i. If the non-exempt employee departs directly from the employee's home and/or if the employee returns directly home for work-related travel, the normal commute time will be deducted from hours worked.
 - ii. When traveling to a location, the destination is either the hotel or the work site (whichever location the employee travels directly to).
 - iii. When returning from a remote location, the destination is the non-exempt employee's regular worksite (even if the employee is returning home since normal commute time will be deducted from hours worked).
 - d. **Exclusions from Travel Time:**
 - i. Regular meal period time is not considered compensable time while traveling.
 - ii. Free time, time spent sleeping, eating meals, and other personal activities is not considered work time and is not compensable time.

Recording Time Worked

Non-exempt employees must complete timesheets in the University's workforce management software system to document hours worked and request annual paid leave (APL). Overtime hours, if applicable, will be calculated based on total regular hours recorded each week. Accordingly, a non-exempt employee's timecard must accurately reflect all hours worked, and paid time off used.

If a non-exempt employee must be "on-call", hours on-call must be recorded on the employee's time record. A non-exempt employee who is required to be on-call but whose activities are not restricted (i.e., may serve on-call while at home, is permitted to carry a mobile device, or is permitted to leave a message where they can be reached) must record only time actually spent responding to a call.

As with other types of authorized work, all time spent by a non-exempt employee utilizing electronic communications for work purposes will be considered hours worked, is compensable and will count toward overtime eligibility as required by law. Therefore, to avoid incurring unexpected overtime expense and to minimize risks of unintentional violations of wage and hour laws, electronic communications may not be used outside of regularly scheduled work hours unless required by and specifically approved by the non-exempt employee's supervisor.

Exempt employees do not complete timesheets; however, they are required to request APL the University's workforce management software system.

The following actions may result in disciplinary action, up to and including discharge:

1. Altering, falsifying, tampering with time records, or recording time for another employee.
2. Failure to report APL.

It is the supervisors' responsibility to ensure that:

1. Non-exempt employees are properly and accurately recording time worked.
2. All employees, regardless of FSLA classification, have accurately recorded APL.

Overtime

In the event the University requires an hourly or salary non-exempt employee to work overtime, the employee's supervisor will make every effort to provide timely notice. An employee's supervisor must approve all overtime prior to the employee working overtime. Any employee who works overtime without obtaining advance approval from their supervisor may be subject to disciplinary action up to and including termination of employment.

All hourly and salary non-exempt employees will be paid one and one half times their regular rate of pay for all hours worked in excess of 40 hours for one workweek. Paid time off, such as Annual Paid Leave, holiday pay, or jury duty that is not actually worked is excluded from the overtime calculation. Exempt employees are not eligible to be paid overtime.

Circumstances may arise which call for special hours for effective delivery of institutional services. Such hours will be assigned at the discretion of the vice president or the employee's supervisor with approval from the vice president and will be considered as part of a work assignment for a given position.

Work Week

The official work week at Virginia Wesleyan runs from 12:01 a.m. Sunday through 12:00 midnight the following Saturday.

Paydays

Hourly and salaried non-exempt employees are paid bi-weekly (every other week.) Administrative (exempt) staff and faculty are paid monthly on the last business day of the month.

Direct Deposit

Pay is processed via direct deposit to an individual's bank or other financial institutions. Virginia Wesleyan University's payroll is processed by an outsourced payroll system manager.

Paystubs

A paystub is available electronically through the payroll system manager for each direct deposit payroll disbursement. The paystub will show the employee's name, the pay date, the number of hours paid (non-exempt staff), the hourly rate, and the nature and amount of deductions or increases made for the pay period.

Exempt employee pay stubs will indicate the average number of hours scheduled per pay period (month). Paid time off hours for the current period will be indicated in addition to the average work hours for the month.

Employees should review paystubs regularly and notify the payroll coordinator of any discrepancies.

Garnishment of Wages

A garnishment is a legal levy by a creditor against an employee's pay. The law requires the University to honor and process requested garnishments, wage assignments, child support orders, federal and state tax levies against an employee's earnings.

Payroll Deductions

Certain deductions are made from each employee's paycheck as required by law, in accordance with employee benefit plan participation, or as requested by the employee and approved by the payroll coordinator. These deductions are itemized on the employee's paycheck stub. No money is ever deducted from the employee's pay unless the University is required by law to deduct it or unless the employee has authorized the University, in writing, to make such a deduction. Any questions regarding payroll deductions should be addressed with the payroll coordinator. Deductions may include the following:

1. *Social Security*: Federal law requires each employee to contribute a part of his or her income for social security tax and hospital insurance tax.
2. *Federal Withholding Tax*: Federal law requires that federal income tax be withheld based on the amount of an individual's salary or wage and the number of dependency exemptions. All employees are required to complete a withholding tax certificate (W-4 Form) at the time of employment, and can make changes through ADP self service or by submitting a new W-4 to Human Resources.
3. *Virginia State Income Tax*: Virginia law requires withholding for the state income tax. Employees are required to complete a withholding exemption certificate (Form VA-4) upon employment and to inform the payroll coordinator of any change(s) whenever such change(s) occur.

4. *Retirement:* All eligible employees may participate in the University's retirement plan, TIAA (Teachers Insurance and Annuity Association). All 403(b) contributions made by an employee are voluntary and the University will match 6.75% when an employee contributes at least 5%. Employees may contribute a minimum of 5% to a Roth 403(b) for an employer match of 6.75%, and may elect a combination of Roth (post-tax) and pre-tax contributions that total 5% to earn the University match.

All full-time employees (exempt and non-exempt) hired on or after January 1, 2024, will be eligible for the employer match after 12 months of employment. Prior service of at least one year at other higher education institutions will fulfill this requirement for new employees hired on or after January 1, 2024. All employee contributions to a 403(b) plan count toward the federally stipulated IRS maximum.

5. *Contributions:* Contributions to Virginia Wesleyan University charitable funds may be made through payroll deductions with a written request to the Office of Human Resources by the employee.
6. *Health, Dental and Vision Insurance:* The appropriate premium for employee participation in the health, dental, and/or vision insurance plan(s) will be deducted each pay period. This may be deducted on a pre-tax basis.
7. *Flexible Spending/Health Savings Account (HSA):* Money allocated to the health care, dependent daycare or HSA spending accounts will be deducted on a pre-tax basis each pay period for those employees enrolled in the program.

Reporting Improper Pay or Deductions

In the event of an improper deduction or an error in pay, the employee should immediately notify the payroll coordinator. If the deduction is found to be improper, the employee will be reimbursed as soon as practicable, but no later than the next regularly scheduled pay period after the error is confirmed. If the payroll coordinator determines that the deduction is not an error, the employee will be advised of the reason for the deduction. If Human Resources determines the employee has been overpaid, arrangements will be made with the employee to return the funds.

The University will not allow any form of retaliation against individuals who report an error in pay or improper deduction. Any form of retaliation will result in disciplinary action.

Withholding Allowance Updates

Payroll tax withholding forms are completed upon hire. These records will be maintained in the employee's file. Should an employee's tax status change, the employee must make the in the payroll system.

Final Wage Payment


Employees who terminate their employment with the University will receive their final paycheck on the next scheduled pay date.

At the time of termination, employee benefits are directly impacted. All accrued, vested benefits that are due and payable at termination will be included in the final direct deposit. Some benefits, such as health plan coverage, may be continued at the individual's expense. Employees will be notified in writing regarding the terms, conditions and limitations of continued health plan coverage.

V. Related Policies

HR 3.18 Reasonable Accommodations for Pregnancy in the Workplace

HR 5.2 Staff Teaching Compensation

	Policy Title: Staff Teaching Compensation Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 5.2
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Staff Teaching Compensation

I. Purpose

The purpose of this policy is to establish guidelines regarding the acceptance of teaching assignments within the University by a current staff employee.

II. Scope/Applicability

All University staff employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Virginia Wesleyan University recognizes that members of the staff may occasionally teach a course. To do so, the staff member must possess the proper credentials and meet all institutional, accreditation, and regulatory requirements applied to course instructors.

A staff member wishing to teach a class must first obtain written permission to do so by their supervisor. This permission should be forwarded to the Director of Human Resources. The supervisor will need to consider that the staff position might need to be covered when the staff member is teaching.

Secondary teaching assignments are generally temporary and are not benefit eligible, except where required by law. No additional compensation will be due to any staff employee who teaches a class at the University during office hours unless the staff member utilizes Annual Paid Leave ("APL"). If the staff member desires compensation in addition to their regular salary, the staff member must use available APL hours for this compensation. If APL is not available to the employee, the employee will not receive compensation for the course.

Classes taught outside normal operating hours will not require the staff member to utilize APL. Staff may also consider using their "lunch hour" to teach the course.

Fall and Spring Semesters

For staff that teach during the fall and spring semesters, APL usage will be granted per week in accordance with the number of hours per week the class meets. For example:

- 1 credit course = 1 hour per week = 1 hour of APL
- 2 credit course = 2 hours per week = 2 hours of APL
- 3 credit course = 3 hours per week = 3 hours of APL
- 4 credit course = 3 hours per week = 4 hours of APL

January Term and Summer Sessions

For staff that teach during January Term and Summer Sessions, APL usage will be granted per week in accordance with the number of hours per week the class meets. For example, for a class meeting three hours per day, 15 hours per week, 15 hours of APL will be granted. For a class meeting one hour per day, five days per week, five hours of APL will be granted.


Exceptions to this policy must be approved by the Vice President for Academic Affairs and the Vice President for Finance prior to teaching the class.

V. Related Policies

HR 6.4 Annual Paid Leave

EMPLOYEE BENEFITS

HR 6.1 Health and Wellness Benefits

	Policy Title: Health and Wellness Benefits Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 6.1
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Health and Wellness Benefits

I. Purpose

The purpose of this policy is to define those health and wellness benefits the University makes available to eligible employees.

II. Scope/Applicability

All benefit eligible University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

The following is a synopsis of the benefits offered at Virginia Wesleyan University. In all cases, Virginia Wesleyan University will abide by any and all applicable federal and state laws. In addition, benefits are offered under the terms of each benefit plan. For more detailed information, please consult the appropriate plan document on the Human Resources Webpage or contact the Human Resources Office.

Employees' spouses who have access to affordable, minimum essential coverage through another employer are not eligible for medical coverage through the Virginia Private Colleges Benefits Consortium. Those seeking spousal coverage must complete an affidavit provided by Human Resources.

Health, Dental and Vision Insurance

The University offers three options for health insurance coverage – HMO, PPO, and a High Deductible plan. Each option offers a slightly different range of benefits with a corresponding range of monthly employee cost share premiums, per the Virginia Private Colleges Benefits Consortium. Employee premiums are paid by payroll deduction on a pre-tax basis. A dental plan and vision plan are also offered. All full-time faculty, administrative staff, support staff, and hourly employees may enroll at the start of the month following the start of employment. Open enrollment for health insurance is held annually, in November.

Life Insurance

Group life insurance is available to all full-time university employees. Premiums are paid by Virginia Wesleyan. This benefit is available to full-time faculty, administrative staff, support staff, and hourly employees on the first of the month following employment. This benefit provides life insurance coverage at the rate of one times the annual base salary rounded up to the nearest thousand, unless the annual salary falls on an even thousand. It is payable to the beneficiary designated by the employee, if the employee dies while employed by Virginia Wesleyan.

At the termination of employment, all covered employees have the option of converting to an individual policy at the policyholder's expense. Information for how to do this will be provided at the time of the employee's separation from the University.

Term Life and AD&D Insurance

Employees who are eligible for VWU benefits may purchase additional term life insurance and accidental death and dismemberment insurance (AD&D) for themselves and their eligible spouses and children. There are limits to this benefit. The employee pays the total premium for this additional life/AD&D insurance; however, premiums may be paid through payroll deductions.

Long Term Disability Insurance (LTD)

Group long-term disability insurance is available to all full-time Virginia Wesleyan employees. Premiums are paid by the University. This benefit is available to administrative and faculty personnel on the first of the month following employment and is available to staff and hourly personnel on the first of the month following employment. LTD income begins on the ninety-first day following continuous disability and can continue to age 65. The monthly income benefit is equal to 60 percent of base monthly salary, not to exceed \$7,000 per month, less any benefits payable from Social Security or other sources. Under certain conditions, LTD income for partial disability is also available.

Short Term Disability Insurance (STD)

Virginia Wesleyan offers a self-funded short term disability plan to all full-time University employees with no monthly premium requirement. The length of time an eligible employee may receive STD income is based upon total years of full-time employment with the University as follows: 0-1 year, not eligible; 1-2 years, 30 calendar days; 2-3 years, 60 calendar days; 3 or more years, 90 calendar days. For the first five days of short-term disability the employee must use Annual Paid Leave (APL). If they do not have APL available, the first 5 days are unpaid. After 90 days, the university's long-term disability policy may be in effect. (In the case of faculty, short-term disability leave may be extended at the discretion of the University for a period not to exceed one semester.) For the duration of the short-term disability, an employee will receive full pay and benefits. The University reserves the right to evaluate all requests for short-term disability pay on an individual basis. Medical documentation is required to support a request for short-term disability.

Flexible Benefits Program

The flexible benefits program enables participating employees to take advantage of a unique IRS-approved program that allows reimbursement on a tax-free basis for eligible health care and/or dependent care expenses. All full-time employees are eligible to participate on their benefit eligibility date. Open enrollment for this program is held annually, usually in the fall.

Retirement Program

The University's retirement program is administered through TIAA-CREF. Virginia Wesleyan makes a monthly contribution to the employee's retirement account when the employee makes a minimum of a five percent (5%) contribution of his or her gross monthly salary. The employee may elect a combination of pre-tax or Roth (post-tax), to earn the University match. Eligibility begins on the first of the month following twelve months of employment. Prior service of at least one year at other higher education institutions will fulfill the eligibility requirement for new employees hired after January 1, 2024.


Other Benefits

In addition to the previously mentioned benefits that are available to full-time employees, Virginia Wesleyan offers a wide variety of benefits to its entire staff. These include full use of the Hofheimer Library, a ten percent (10%) discount on University Store items, free admission to all regular season Virginia Wesleyan University sporting events and most theater presentations, use of the Jane P. Batten Student Center, and special rental provisions at the Coastal 61 apartment complex.

V. Related Policies

Not Applicable.

HR 6.2 Tuition Remission and Exchange Programs

	Policy Title: Tuition Remission and Exchange Programs Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 6.2
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Tuition Remission and Exchange Programs

I. Purpose

The purpose of this policy is to define the University's tuition remission and exchange benefit programs.

II. Scope/Applicability

All University employees and full-time employees of campus-based contract services, and in some cases their dependents.

III. Definitions/Key Terms

Dependent Children: any individual under 24 years of age born to an employee of the University or a campus-based contractor, legally adopted by an employee of the University or a campus-based contractor, or for whom legal guardianship can be documented.

IV. Policy

All VWU faculty and staff and full-time employees of campus-based contract services, and in some cases their spouse and dependents, are eligible for tuition remission, as well as tuition exchange through The Tuition Exchange (TTE) and The Council of Independent Colleges Tuition Exchange (CICTE).

Tuition Remission

Eligibility

All regular, full-time employees of Virginia Wesleyan University and campus-based partners and contracted services who have been employed for six months before the start of the desired semester are eligible for tuition remission at the undergraduate and graduate level.

Those using tuition remission must be admitted as a student prior to taking classes. Applications for tuition remission for employees should be received by Human Resources in accordance with the following schedule, but in all cases must be received by Human Resources prior to the start of classes.

- July 15 – fall semester
- December 15 – spring semester

- May 1 – summer semesters
- Tuition Remission is not available for January Term

The employee's job duties and responsibilities are given priority. Employees must schedule classes outside their regular University work hours or have a prearranged absence with the supervisor.

Employees who are on extended leave are not eligible for tuition remission. In cases involving medical leave, a physician's release will be required prior to enrollment.

Employees must be accepted into the program before they complete the Tuition Remission Form.

Application dates are on each program's website and are considered on a first-come, first-served basis.

Covered Benefit

Degree-seeking employees (undergraduate and graduate) may enroll in six (6) courses in the Tuition Remission program in any given fiscal year. There is a limit of 18 credit hours per semester (undergraduate) and 9 credit hours per semester (graduate) of enrollment. In the VWU Online program, two (2) sessions are the equivalent of one (1) semester.

Employees who are taking courses but are not working toward a degree may take no more than two (2) courses in any fiscal year.

Part-time employees may take no more than one (1) course per semester.

Only classes that are regularly scheduled on Virginia Wesleyan's Virginia Beach campus and VWU Online are eligible.

If several employees in a work area wish to enroll, but enrollments must be limited because of work demands, the following priority is to be followed by the authorizing manager: undergraduate degree, first master's degree, additional master's degree, non-degree course.

Employees, spouses, and dependent children are admitted into courses on a space-available basis. If a course becomes over-subscribed, priority will be given to paying students.

Not Covered

Sentara College of Health Sciences classes, consortium and third-party courses, fees, study materials, and/or books are not eligible for tuition remission.

Employees using tuition remission benefits will pay regular, existing costs for overloads.

Employee Responsibilities

Class Schedule

The employee's job duties and responsibilities are given priority. Employees must schedule classes outside their regular university work hours. Any change in work schedule for time spent in class must be approved by the supervisor before registering for the class. Any hours in a work schedule change must be made up within the same work week or the time must be charged to annual leave. In the event of conflicts between requests for a schedule change to take classes and the department's ability to conduct business, management has the authority to modify or deny the request.

Responsibilities

- Employees must complete the admissions process first.
- Employees must have supervisor approval for a change in work schedule before registering for in-person classes.
- Employees must apply for all appropriate financial aid.
- Employees must complete and submit the Tuition Remission Form prior to enrollment in any class or program.
- Tuition Remission Form is due according to the above mentioned schedule.
- Employees are responsible for submitting requests each semester to ensure Tuition Remission is approved and applied.

Please note that employees and their spouse and dependents who are in default on federal or state education loans at the time of the tuition remission request are not eligible for the benefit. The employee and qualified spouse or dependent must also meet the University's admission requirements as well as any applicable academic program requirements.

Financial Aid

Employees receiving tuition remission must apply for appropriate financial grants. Spouses and dependent children who intend to study full-time must apply for federal and state financial grants through the usual Financial Aid process. They must observe the deadlines for various forms of financial aid. VWU's benefit will cover tuition not covered by these aid programs.

Expectations on Successful Course Completion

Employees using tuition remission are expected to successfully pass each course. If an employee fails to successfully remain in good academic standing or withdrawals (W) from courses covered by the tuition remission program, the employee will be required to reimburse the University at a rate equal to 1/3 the current posted rate for the course(s) in question. Course failure or withdrawal involving extenuating circumstances should be discussed directly with the Office of Human Resources.

Tuition remission may not be used to take the same course twice.

Federal Taxes

In accordance with Internal Revenue Code requirements, employees enrolled in graduate courses may be taxed on the value of Tuition Remission benefits in excess of an amount determined by the IRS per calendar year. Check with Human Resources for more information.

The value of the waiver for spouses and dependent children enrolled in graduate courses is taxable regardless of the amount.

Spouse and Dependent Children

Eligibility

Tuition remission is available to legal spouses and dependent children (under 24 years of age) for the undergraduate and graduate programs the first eligible semester after the VWU regular full-time employee has been employed for six months. Assistance will total 100% of tuition after crediting applicable financial aid.

Full-time employees of campus-based partners and contracted services are eligible for tuition remission for legal spouses and dependent children (under 24 years of age) for the undergraduate program only.

Part-time employees are not eligible for tuition remission for spouses and dependent children in any program.

Employees' children who are not dependents for tax purposes will not be eligible for tuition remission.

If a spouse or dependent child becomes a full-time VWU or campus-based partners and contracted services employee, they are eligible to receive the tuition remission benefit after one year of employment and no longer receive a parent's or spouse's benefit. (Tuition remission benefits are not cumulative.)

Other Special Circumstances

Separation of Service During a Term

In the event of the separation of service of the eligible employee, whether voluntarily or involuntarily, during a term in which the spouse or dependent is receiving the remission benefit, the benefit will be permitted to continue until the end of that current term, so long as the student has begun attending classes.

Rehire of an Employee

Should the University rehire an individual, the employee must repeat the prescribed length of service requirements outlined above for tuition remission eligibility.

Death of an Employee

If an eligible qualified dependent is receiving tuition remission benefits under any of the provisions above at the time of the qualifying employee's death, the benefit will continue to be provided to the enrolled spouse or dependent child until the end of that current term, so long as the student has begun attending classes.

Tuition Exchange

After one year of employment, employees may apply for tuition privileges for their dependent children within one of two tuition exchange programs in which the University participates. The lists of member institutions are available online for TTE at www.tuitionexchange.org, and for CICT at www.cic.edu, and/or from the Director of Financial Aid and/or the Director of Human Resources. The University must maintain a balanced exchange program, which means that in some years we may not be able to send out our students or accept those from other institutions. The exchange program requires reciprocity and the University must remain in balance as part of the criteria for membership in the programs.

Applications for the tuition exchange program may be obtained from the Office of Financial Aid. An Intent to Apply for Tuition Exchange Form may be obtained from the Office of Human Resources or on the Human Resources webpage and must be submitted to Human Resources before October 31 for the following academic year.


Other Tuition Benefit for Dependent Children:

Please see the [Council of Independent Colleges Tuition Exchange](#) and [The Tuition Exchange](#) eligibility posted on their respective websites.

V. Related Policies

Not Applicable.

HR 6.3 Federal and State Mandated Benefits

	Policy Title: Federal and State Mandated Benefits Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 6.3
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Federal and State Mandated Benefits

I. Purpose

The purpose of this policy is to define those benefits required by state and federal law that are available to eligible University employees.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

In compliance with federal and Commonwealth of Virginia laws, it is the policy of the University to provide the following statutory benefits to all eligible employees:

Continuation of Benefits Reform Act (Cobra)

Virginia Wesleyan University complies with the federal Continuation of Benefits Reform Act (COBRA) and as such, offers the same group benefits to employees and/or their dependents when they would otherwise lose their group coverage due to a qualifying event. Qualifying events are defined as termination of employment (unless termination is for gross misconduct), reduction of work hours, death, divorce or legal separation, loss of dependent coverage due to eligibility for Medicare, dependent child ceases to be eligible under plan guidelines.

In accordance with IRS guidelines, in coordinating COBRA with the Family and Medical Leave Act (FMLA), a qualifying event for an employee who is under FMLA leave occurs if the following three conditions are met:

- The employee (or spouse or dependent) is covered by the employer's group health plan on the day before the first day of FMLA leave.
- The employee does not return to work at the end of FMLA leave.
- The employee would, in the absence of COBRA, lose coverage under the health plan before the end of the maximum coverage period provided by COBRA.

If all three conditions are met, a qualifying event occurs on the last day of FMLA leave.

It is the employee's responsibility to notify Human Resources of a COBRA qualifying event.

Once the employee has notified Human Resources of a qualifying event, it is the responsibility of Human Resources to notify our COBRA provider who will contact the employee (or spouse or dependent).

Workers' Compensation Insurance

In accordance with the Virginia Workers' Compensation Act, employees of Virginia Wesleyan University are covered under workers' compensation insurance. Workers' Compensation is an insurance program which provides medical and, in some cases, income benefits to employees who are injured on the job or who contract an occupational disease.

According to Virginia § 65.2-400, the term "occupational disease" means a disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment.

Procedure for on-the-job injuries:

- Notify the appropriate supervisor and Human Resources of the injury **immediately**, or no later than 24 hours from the occurrence, even if the injury does not seem serious.
- If medical treatment is sought, retain appropriate records.
- Forward the partially completed *Employer's First Report of Injury* form to Human Resources.

It is the supervisor's responsibility to alert Human Resources, as soon as possible, that a work related injury or illness has occurred. Human Resources will complete the *Employer's First Report of Injury* and forward it to the insurance company for processing, if appropriate, or to the Office of Finance and Administration for payment.

If released from the doctor but then have future problems possibly related to the workplace injury/illness, contact the appropriate supervisor and/or Human Resources before seeking further medical treatment.

Unemployment Compensation Insurance

Unemployment compensation provides temporary income for employees who have lost their jobs through no fault of their own. To be eligible, an employee must have earned a certain amount and be willing and able to work. Employees may apply for unemployment compensation benefits through the local unemployment office.

Social Security


The federal government provides retirement, disability and survivors benefits based on earnings and health care insurance (Medicare) for people 65 years and over. The University and the employee contribute equal amounts under the Federal Insurance Contribution Act (F.I.C.A.). Information regarding a Social Security account may be secured from the Social Security Administration.

V. Related Policies

HR 7.2 Family and Medical Leave

HR 9.4 Work-Related Accidents and Illnesses

HR 6.4 Annual Paid Leave (APL)

	Policy Title: Annual Paid Leave Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 6.4
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Annual Paid Leave

I. Purpose

The purpose of this policy is to establish procedures for the accrual and use of annual leave for eligible University employees.

II. Scope/Applicability

All regularly scheduled staff who are in full-time and part-time twelve-month exempt and non-exempt positions and who are regularly scheduled to work a minimum of 20 hours per week.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Virginia Wesleyan University recognizes the need for eligible staff employees (hereinafter "employee" or "employees") to have time away from the job. Therefore, the University recognizes the following policy for annual leave:

Annual leave is to be used for all events which require the employee to have time off from the job, excluding recognized Virginia Wesleyan Holidays and jury duty. These include, but are not limited to, scheduled vacation, illness, personal business, family and personal emergencies, doctors' and dentists' visits, Acts of God (hurricanes, blizzards, etc.) when the University remains open, and bereavement leave.

The administration at Virginia Wesleyan University desires to be flexible with regard to use of APL. Therefore, any extenuating circumstances should be brought, in writing, to the appropriate vice president. Each request will be considered on an individual case basis.

In cases of extended illness or injury, Annual Paid Leave is to be used for the first five working days of absence. Following these initial five days, if an employee must still be absent from work due to illness or injury, the employee may be eligible for short-term disability. Use of short term Disability must be in accordance with the Short Term Disability policy ([HR 6.1 Short Term Disability](#)).

In accordance with federal and state law, Virginia Wesleyan University will grant its qualifying employees up to 90 days FMLA leave with or without pay (by use of available APL time)(see [HR 6.2 Family and Medical Leave Act](#)).

All regularly scheduled staff who are in full-time and part-time twelve-month exempt and non-exempt positions and who are regularly scheduled to work a minimum of 20 hours per week are eligible for Annual Paid Leave (APL). Staff who are in nine-month, ten-month, and eleven-month positions, and temporary employees are not eligible for APL. Any employee who would like to voluntarily opt-out of this benefit may only do so with the approval of their supervisor.

APL is accrued on hours paid per pay period up to thirty-five or forty paid hours depending on the employee's regular number of hours scheduled each week. It does not accrue on overtime pay, nor does it accrue on leave without pay or when an employee is on Short Term Disability. Accrual rate is based on job classification (exempt/non-exempt), and length of service.

APL accrual is as follows:

STAFF EMPLOYMENT CATEGORY	YEARS OF SERVICE	APL DAYS ACCRUED <u>PER</u> MONTH	MAXIMUM NUMBER OF APL DAYS <u>AVAILABLE</u> <u>PER</u> YEAR
FULL TIME EXEMPT	N/A	2.5	30
FULL TIME NON-EXEMPT	0-3	1.66	20
FULL TIME NON-EXEMPT	3-7	2.08	25
FULL TIME NON-EXEMPT	7-13	2.25	27
FULL TIME NON-EXEMPT	OVER 13 YEARS	2.5	30

APL begins accruing on the employee's date of hire. Exempt employees may use APL (with supervisor's approval) as it accrues, from date of hire. Nonexempt employees may not use APL until completion of 90 days of employment.

In order to use APL, an employee must submit a time off request through ADP. In situations where prior approval is not possible, such as personal emergencies and illness, the employee must notify their supervisor as soon as possible. The supervisor has the right to deny APL, especially during times of peak workload and/or times when other staff have previously requested leave. However, the supervisor will make every effort to approve APL that is requested for illness and/or emergencies. In the event of simultaneous, conflicting requests for time off, seniority will determine first consideration.

The maximum accumulated balance at any time is as follows:

- 350 hours for full-time 12-month employees who work 35 hours per week
- 400 hours for full-time 12-month employees who work 40 hours per week

When an employee has reached the maximum, accrual will stop until that employee begins to use leave. At that time, accrual will begin, and will continue up to the maximum amount.

APL for Part-Time Employees

Regularly scheduled part-time employees who work a minimum of 20 hours per week will be given 40 APL hours each fiscal year. These part-time employees will **not accrue** APL, nor will any APL remaining on the books as of June 30 each year carry over to the next fiscal year.

If hired as a part-time employee between July 1-December 31, the new employee will be given 40 hours of APL. If hired as a part-time employee between January 1-June 30, the new employee will be given 20 hours of APL until the fiscal year changes on July 1. Part-time employees may not use APL until completion of 90 days of employment.

APL use for part-time employees will follow the general APL policy as indicated above.

Resignation


When an employee resigns in good standing, gives appropriate resignation notice, is actively at work up to and including the termination date, has satisfied any outstanding debts, and has returned any outstanding equipment, Virginia Wesleyan University will, at its discretion, pay one-half of any accrued APL balance at the employee's current salary.

Members of senior administration are required to give ninety (90) days written notice of intent to resign. All other exempt employees are required to give thirty (30) days written notice of intent to resign. Non-exempt employees are required to give fourteen (14) days written notice of intent to resign. If less notice is given by the employee, the employee is not eligible for rehire, and the University reserves the right to withhold the payment of 50% of accrued APL.

V. Related Policies

HR 7.2 Family and Medical Leave
HR 7.1 Short Term Disability

HR 6.6 Holidays

	Policy Title: Holidays Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 6.6
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Holidays

I. Purpose

The purpose of this policy is to clarify which days the University is closed for holidays.

II. Scope/Applicability

All University full-time employees.

III. Definitions/Key Terms

Exempt Employee: Employees who meet the executive, administrative, or professional exemption tests set forth under the Federal Fair Labor Standards Act and, as such, are not eligible to receive overtime compensation. Exempt employees are expected to work the hours needed to complete their assignments.

Non-Exempt Employee: Employees eligible to receive overtime compensation consistent with the terms of the Fair Labor Standards Act.

IV. Policy

The administrative calendar will be reviewed/revised annually and distributed by the Office of the President and posted on the University's website.

The University retains the right to require an employee to perform duties on a holiday if operational needs necessitate the employee's services. Should this be necessary, the employee will be granted the holiday on a different day.

Holiday work will not be considered "overtime" for non-exempt employees unless an excess of forty (40) hours are actually worked that week, and then time-and-one-half for any hours worked exceeding forty (40) will be paid.

Additional Guidelines

Any holiday falling within the period of a staff member's scheduled annual paid leave shall not be deducted from the employee's accrued annual paid leave.

Any holiday falling on a staff member's scheduled day off (within the work week) will be observed by the staff member on a day of their choice, subject to the approval of the staff member's supervisor and must be used within the 60 days following the observed holiday.

Religious Holidays


The University provides reasonable accommodations for the religious practices of its employees. Time off for religious holidays may be charged to annual paid leave, if available, or may be unpaid. The time off should be requested by the employee at least ten (10) working days prior to the day of the religious observance and approved by the supervisor.

V. Related Policies

HR 6.4 Annual Paid Leave

EMPLOYEE LEAVE

HR 7.1 Short-Term Disability

	Policy Title: Short-Term Disability Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.1
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Short-Term Disability

I. Purpose

The purpose of this policy is to define the Short-Term Disability Program offered at the University when an eligible employee is unable to work for a short period of time.

II. Scope/Applicability

All full-time University employees.

III. Definitions/Key Terms

Short-Term Disability: the benefits that a full-time employee may be entitled to receive to cover a portion of their income if they are out of work due to a covered illness or injury. The maximum duration of short-term disability benefits is ninety (90) days from the date the qualifying disability commences.

IV. Policy

Virginia Wesleyan University recognizes that there may be times when an employee is unable to perform the regular duties of the job due to a serious illness and/or a serious accident. In such a case, in order to provide the employee with income, the employee may be eligible for Virginia Wesleyan University's Short Term-Disability benefit.

Eligibility

The Short-Term Disability plan is offered to all regular, full-time employees. There is no monthly premium required. The length of time an eligible employee may receive Short-Term Disability is based upon the total years of full-time employment with the University. The schedule is as follows:

Employed full time	Days available for STD
0 - 1 year	not eligible
1 - 2 years	30 calendar days
2 - 3 years	60 calendar days
3 + years	90 calendar days

After 90 days of leave, the University's Long-Term Disability policy may become effective, depending on the provisions of that policy.

Application and Approval Process

In order to access Short-Term Disability, the employee must submit a written request via FMLA paperwork to their supervisor and to the Director of Human Resources. In addition, a qualified physician must certify that the employee is disabled and unable to work. Verbal application will be accepted only in emergency cases. If approved, the first five (5) working days of leave will be charged to the employee's annual paid leave for employees who accrue annual leave. If the employee has no paid annual leave days remaining, because any accrued leave has been used up, the first five (5) working days will be leave without pay. In the case of full-time, benefit eligible employees who do not accrue leave (i.e., 10-month employees), the first five (5) days of approved Short-term Disability will be leave without pay.

Benefit

While an employee is on Short-Term Disability, the employee will receive one hundred per cent (100%) of their salary paid on the normal payroll schedule. Short-Term Disability benefits are considered taxable income and will be reported on the W-2 withholding statement. In addition, any contributions from the employee towards other University sponsored benefits, such as insurance payroll deductions, will continue unless the employee specifies, in writing, that they wish to discontinue participation. Cancellation of such contributions must be in accordance with the provisions of the policy being canceled.

In accordance with the Annual Paid Leave policy, an employee will not accrue Annual Paid Leave while on Short Term Disability.

Short Term Disability benefits will be reduced if the employee receives other income for the same period of time. Other income might include worker's compensation, holiday pay, social security benefits, or wages earned while performing modified duties, as authorized by a physician and the University.

Virginia Wesleyan University may request medical documentation of the need for continued Short Term Disability leave at any time during the leave. In addition, the University reserves the right to require a second opinion from a physician of its choice. When such a request is made, VWU will pay the full cost of the medical visit.

Short Term Disability payments will end when any of the following occurs:

- The employee returns to work with Virginia Wesleyan University.
- The employee returns to work with another employer, including self-employment.
- A qualified physician certifies that the employee is medically able to return to work.
- The employee refuses to seek a second opinion that has been requested by the University.
- The employee does not provide required documentation, such as medical documentation, or documentation of the receipt of other income.

In accordance with federal and state law, Virginia Wesleyan University will grant its employees a minimum of three months leave with or without pay (see [HR 7.2 Family and Medical Leave Act](#)).


Return to Work

Before an employee resumes work, the employee must be released to return to work by their physician and the return must be approved by Human Resources. The University will attempt to return employees to the same or a similar position. Employees whose short-term disability leave or short-term disability leave in combination with family leave does not exceed 12 weeks, and who are covered by FMLA, will be returned to the same or an equivalent position. In other cases, the University does not guarantee reinstatement at the end of a short-term disability leave.

V. Related Policies

HR 7.2 Family and Medical Leave
HR 6.1 Health and Welfare Benefits
HR 7.3 Maternity Leave

HR 7.2 Family and Medical Leave (FMLA)

	Policy Title: Family and Medical Leave (FMLA) Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.2
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Family and Medical Leave (FMLA)

I. Purpose

The purpose of this policy is to inform employees of their rights and obligations under the Family and Medical Leave Act and circumstances under which they may become eligible for such leave and the process to apply for such leave.

II. Scope/Applicability

All University employees meeting applicable eligibility requirements.

III. Definitions/Key Terms

Covered Family Member: Covered family members under the Family and Medical Leave Act (FMLA) are the employee's spouse, son, daughter, or parent as defined in the FMLA regulations.

- "Spouse" means a husband or wife, including those in same-sex marriages.
- "Son or daughter" means a biological, adopted or foster child; a stepchild; a legal ward; or a child of a person standing in loco parentis who is either under age 18 or age 18 or older and "incapable of self-care because of a mental or physical disability."
- The FMLA defines the term "parent" as "a biological, adoptive, step or foster father or mother, or any other individual who stood in *loco parentis* to the employee when he or she was a minor."

Covered Service Member: A covered servicemember is: (1) a current member of the Armed Forces, including a member of 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*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

Genetic Information: as defined by GINA, includes an individual's family medical history, the results of an individual's or family members genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual of an individual's family member or an embryo lawfully held by an individual or family member receiving reproductive services.

Serious Health Condition: means any illness, injury, impairment, or physical or mental condition that involves either:

- Any period of incapacity (such as inability to work, attend school or perform other regular daily activities) or treatment connected with inpatient care (that is, an overnight stay) in a hospital, hospice or residential medical care facility, as well as any period of incapacity or subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider that includes any period of incapacity lasting more than three consecutive full calendar days that requires treatment by a healthcare provider within the first seven days and a second provider visit within the first 30 days after the first day of incapacity (unless circumstances beyond the employee's control, such as the provider's lack of available appointments prevent the follow-up visit from occurring as planned) or a continuing regimen of treatment under the health care provider's supervision;
 - caused by pregnancy or prenatal care (a visit to the health care provider is not necessary for each absence);
 - caused by a chronic serious health condition that requires treatment by a health care provider at least twice per year (not for each absence), continues over an extended period (including recurring episodes of a single underlying condition), and may cause episodic rather than continuing incapacity (as can happen, for example, with asthma, diabetes or epilepsy);
 - caused by a permanent or long-term condition (such as Alzheimer's, a severe stroke or terminal cancer) for which treatment may not be effective (so only supervision rather than active treatment by a health care provider is required); or
 - involving absences to receive multiple treatments for restorative surgery or for a condition that would probably cause incapacity of more than three consecutive full calendar days if not treated (such as chemotherapy or radiation treatments for cancer).

Serious Injury or Illness: means

- In the case of a member of the Armed Forces (including a member of the National Guard or Reserves) means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and
- In the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness that was incurred by the member in line of duty on active in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

Medical Necessity: certification by a health care provider that a medical need can best be accommodated by an intermittent or reduced leave and outlining the expected duration and schedule of the intermittent or reduced leave.

Key Employee: an FMLA-eligible employee who is among the highest paid ten (10) percent of the employees employed within seventy-five (75) miles of the employee's worksite.

Qualifying Exigency: qualifying exigencies are situations arising from the military deployment of an employee's spouse, son, daughter, or parent to a foreign country. Qualifying exigencies include the following: Short-notice deployment; Military events and related activities; Childcare and school activities of the service member's child; Financial and legal arrangements for the service member; Counseling; Rest and recuperation of the service member; Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member; or Additional activities that the employer and employee shall agree qualify as an exigency and agree to both the timing and duration of such leave.

Where a term is defined in the FMLA and/or accompanying regulations, that definition will be incorporated into this policy.

IV. Policy

Virginia Wesleyan University recognizes that an employee may need time away from work because of certain major life events, such as becoming a parent; experiencing a serious health condition that causes incapacity or requires continuing treatment; caring for a family member who has a serious health condition or a service member with a serious injury or illness; or needing time with a family member called up for or on active duty in the Armed Forces. To balance these needs with Virginia Wesleyan's need to have employees available to work, Virginia Wesleyan has established the following Family and Medical Leave Policy in accordance with the Family and Medical Leave Act of 1993 (FMLA). Exceptions to this policy will occur if necessary to comply with any applicable state or local laws.

This policy summarizes employees' rights and responsibilities under Virginia Wesleyan University's Family and Medical Leave Policy. More details about the FMLA may be obtained by contacting Human Resources.

Questions relating to leave entitlements and/or the status of employee benefits or compensation during approved leaves should be directed to Human Resources.

Exceptions to this policy will occur if necessary to comply with applicable laws. All exceptions to this policy must be reviewed in advance and approved by the Director of Human Resources in consultation with the President or respective vice presidents.

Employee Eligibility

Unless using military caregiver leave, an employee eligible for FMLA leave can take up to 12 weeks of unpaid leave during a rolling 12-month period, measured backward from the first day of each FMLA leave (“the 12-month leave year”). For military caregiver leave, an eligible employee can take up to 26 weeks of unpaid FMLA leave during a single 12-month period that begins on the first day of military caregiver leave.

To be eligible for FMLA leave, an employee must satisfy three conditions:

- Reports to a facility that employs 50 or more employees or is located within a 75-mile radius of other Virginia Wesleyan University facilities that have a combined total of 50 or more employees.
- Have been employed by Virginia Wesleyan University for at least 12 months.
- Have worked at least 1,250 hours in the 12 months before FMLA leave begins. (When determining whether this eligibility requirement has been met for an employee returning from military obligations, the employee will be credited with hours of service that would have been performed but for the period of military service).

Circumstances Qualifying for Leave

The following circumstances qualify for FMLA leave:

Parental leave related to a child’s birth or placement for adoption or foster care and to care for the child. Eligible employees may take up to 12 weeks of unpaid FMLA leave during the 12-month leave year to bond with and care for a newborn or a child placed with the employee for adoption or foster care. This leave also covers activities related to an adoption or foster placement, such as counseling sessions, court appearances, consultations with lawyers or doctors, and/or travel. Spouses employed by Virginia Wesleyan University are entitled to a combined total of 12 weeks of leave for this purpose. The leave(s) must be completed within the first 12 months after the child’s birth or placement.

Medical leave for an employee’s own serious health condition. Eligible employees may take up to 12 weeks of unpaid FMLA leave during the 12-month leave year if a serious health condition leaves them unable to perform essential job functions.

Family leave for a covered family member with a serious health condition. Eligible employees may take up to 12 weeks of unpaid FMLA leave during the 12-month leave year to care for a covered family member (spouse, son, daughter or parent) with a serious health condition, as defined above. A son or daughter must be younger than age 18, unless incapable of self-care because of a mental or physical disability. In-laws are not family members for this purpose. Spouses employed by Virginia Wesleyan University are entitled to a combined total of 12 weeks of family leave to care for sick parents.

Military family leave for qualifying exigencies. Eligible employees may take up to 12 weeks of FMLA leave during the 12-month leave year for one or more of the following qualifying exigencies related to a covered family member (spouse, son, daughter or parent) being on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation:

- Military events and related activities (including official activities sponsored by the military, a military service organization or the American Red Cross and related to the covered military member's active duty or call to active duty).
- Child care and school activities (including arranging alternative child care, providing child care on an urgent or immediate-need basis, enrolling or transferring a child to a new school or day care facility, or attending meetings with staff at a school or day care facility).
- Financial and legal arrangements (including making these arrangements because of a covered military member's absence due to active duty or a call to active-duty status);
- Counseling (for benefit of the employee, a covered military member or a child of a covered military member if counseling is needed as a result of a covered military member's active duty or call to active duty and is provided by someone other than a healthcare provider).
- Post-deployment activities (including attending arrival ceremonies and reintegration briefings or addressing issues resulting from a covered military member's death during active duty).
- Any other activities Virginia Wesleyan University and an employee agree constitute qualifying exigencies.

An eligible employee whose spouse, son, daughter or parent is on active duty or called to active duty may take the following amounts of FMLA leave for these qualifying exigencies:

- Up to seven calendar days prior to the date of a short-term deployment, calculated from the date notified of an impending call or order to active duty in support of a contingency operation.
- Up to fifteen days to spend time with a covered military member on each short-term rest and recuperation period during deployment.

The covered military member must be a member of the National Guard or Military Reserves or a retired member of the Armed Forces or Reserves. Active members of the Regular Armed Forces are not covered.

Military caregiver leave related to a service member's serious illness or injury*. Eligible employees may take up to 26 weeks of FMLA leave during a single 12-month period beginning on the first day of leave to care for a current member of the Armed Forces, the National Guard or Reserves or a member on the temporary disability retired list of the Armed Forces, the National Guard or Reserves (a "service member") who has a serious injury or illness:

- That was incurred in active duty and may render the service member unfit for duty; and
- For which the service member is undergoing medical treatment, recuperation or therapy or is on either outpatient status or the temporary disability retired list.

To take this leave, an employee must be the service member's spouse, parent, son, daughter or next of kin. An employee may not take more than one 26-week period of leave to care for the same service member, unless it is for a different serious illness or injury. Military caregiver leave, when combined with other FMLA-qualifying leave, may not exceed 26 weeks in a single 12-month period. Spouses employed by Virginia Wesleyan University are entitled to a combined total of 26 weeks of family leave for this purpose.

* The FMLA definitions of “serious injury or illness” for current servicemembers and veterans are distinct from the FMLA definitions of “serious health condition”. See Definitions above.

Note: If more than one spouse both work for the University and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent “in-law”) with a serious health condition, the spouses may only take a combined total of 12 weeks of leave. If the spouses both work for the University and each desire to take leave to care for a covered injured or ill servicemember, the spouses may only take a combined total of 26 weeks of leave during a single twelve (12) month period for the care of a service member or veteran with a serious injury or illness (military caregiver leave).

Reduced-Schedule or Intermittent Leave

An employee does not need to use their FMLA leave entitlement in one block. When medically necessary to address an employee’s own serious health condition, to care for a family member with a serious health condition, or to care for a service member with a serious illness or injury, an employee may take FMLA leave intermittently or on a reduced-schedule basis. The employee must make reasonable efforts to schedule medically necessary intermittent leave so it does not unduly disrupt Virginia Wesleyan University’s operations. An employee is also entitled to take reduced-schedule or intermittent leave for qualifying exigencies when necessary.

Virginia Wesleyan University may transfer an employee to an alternative comparable position to accommodate intermittent or reduced-schedule leave and business needs.

Substitution of Paid Benefits for Unpaid FMLA Leave

An employee may elect, or Virginia Wesleyan University may require, use of appropriate accrued paid time off during some or all of the 12- or 26-week FMLA leave period, as long as the policy requirements for the paid time off are met. An employee may receive short-term disability or workers’ compensation benefits, if applicable, during FMLA leave. Virginia Wesleyan University and the employee may agree to use paid leave to supplement disability or workers’ compensation benefits, if permitted by applicable state laws and plan provisions. Remaining FMLA leave must be taken on an unpaid basis. An employee’s total FMLA leave, paid or unpaid, may not exceed 12 weeks (or 26 weeks to care for a service member with a serious illness or injury) in the applicable 12-month period.

Reinstatement After Leave

Virginia Wesleyan University will reinstate the employee returning from FMLA leave to the same or an equivalent position with equivalent benefits, pay, and other terms and conditions of employment; however, employees returning from leave have no greater right to reinstatement or other benefits and conditions of employment than if they had been working continuously.

If, while on a family or medical leave of absence, the employee pursues other paid or unpaid outside employment or self-employment inconsistent with the stated need for time off,

Virginia Wesleyan University will consider the employee to have resigned from employment as of the day the employee began the leave.

Virginia Wesleyan University will not consider the use of FMLA leave as a negative factor in any employment decision.

Key Employee Designation

The University may choose to exempt certain “Key Employees” (see Definition Section) from this requirement and not return them to the same or similar position. The determination of whether a salaried employee will be classified as a key employee will be made at the time the employee gives notice of the need for leave. If a key employee is notified of the University’s intent to deny restoration of employment, the key employee will continue to be entitled to maintenance of health benefits until such time as the key employee gives notice that the employer no longer wishes to return to work, FMLA leave entitlement is exhausted, or restoration is denied at the end of the leave period. Premium costs paid on behalf of key employees in such circumstances are not recoverable.

Notice and Certification Requirements

When an employee’s need for FMLA leave is foreseeable, the employee must provide Virginia Wesleyan University with 30 days’ advance written notice of the requested leave. Otherwise, the employee must provide as much notice as possible – generally within one to two business days of realizing the need for leave. The notice should be made in writing and state the reason for leave and the amount of time requested. Whenever possible, employees should schedule medical treatments so as not to unduly disrupt Virginia Wesleyan University’s operations.

To obtain FMLA leave, an employee needs to follow these basic steps:

- Inform the employee’s supervisor and Human Resources of the requested leave.
- Obtain the applicable FMLA Certification Form from Human Resources.
- Return the FMLA Certification Form as soon as possible to Human Resources.
- Continue to communicate with supervisor and Human Resources about the progress of the leave and return-to-work date, providing additional medical certifications or obtaining additional medical evaluations as needed to justify the length of absence or as requested by Human Resources.

Leave-Specific Obligations

Different notice obligations apply for different types of leave requests. Consistent with applicable laws, Virginia Wesleyan University may ask for additional information to support requests for qualifying exigency for military caregiver leave, including confirmation of family relationship. At minimum, however, employees should provide the following information when requesting FMLA leave for these purposes:

An employee’s own or a family member’s serious health condition. To qualify for an FMLA leave related to an employee’s own or a family member’s serious health condition, an employee

must provide a written certification issued by a health care provider that includes the approximate date on which the serious health condition began, the probable duration of the condition and the appropriate medical facts about the condition. The information to include in the certification varies depending on the type and reason for leave:

- If the leave is for planned medical treatment and will be taken on an intermittent or reduced schedule basis, the certification must include expected dates of treatments (or at least the frequency of treatments) and the duration of the course of treatments.
- If the leave is to care for a family member, the certification must state that the employee is needed to provide such care and estimate the amount of time needed for such care.
- If the leave is due to the employee's own serious health condition, the certification must identify which essential job functions the employee is unable to perform and indicate any other work restrictions and their likely duration.

Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. To comply with this law, the University requests that employees do not provide any genetic information when replying to a request for medical information. Genetic information is defined by GINA to include an individual's family medical history, the results of an individual's or family members genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual of an individual's family member or an embryo lawfully held by an individual or family member receiving reproductive services.

Qualifying exigency leave. If an employee is requesting "qualifying exigency" leave, the employee must submit a certification showing that the spouse, son, daughter, parent or next of kin who is a covered military member has been called to active duty or notified of an impending call or order to active duty.

Military caregiver leave. If requesting military caregiver leave, written certification of the need for the leave to provide the care is required.

Process for Evaluating Leave Requests

Human Resources will review and grant leave requests for qualifying reasons and for the period of time certified, subject to the limits established by the FMLA or applicable state or local law. Failure to provide adequate certification(s) may result in denial of the requested leave and may result in other employment consequences if the employee's absence is not otherwise authorized.

Upon receipt of FMLA certification, Virginia Wesleyan University will advise an employee of any certification found incomplete or insufficient and will state in writing what information is needed to correct the problem. The employee will then have seven (7) calendar days to provide a corrected certification (unless this deadline is impracticable under the circumstances). After the employee has had an opportunity to correct the certification, Virginia Wesleyan University may contact the health care provider for clarification and/or authentication. Contact with the health

care provider will be made only with the employee's written authorization and will never be handled by the employee's direct supervisor.

Within five (5) business days of receiving completed certification for FMLA leave, Virginia Wesleyan University will notify the employee whether they are eligible for FMLA leave and whether the requested leave is designated and will be counted as FMLA leave.

An employee seeking additional FMLA leave for a previously certified condition must specifically mention the previous condition for which FMLA leave was used.

If a certification is in a language other than English, the employee must provide a written translation at their own expense.

Recertification

Virginia Wesleyan University may require periodic recertification of a serious health condition and periodic reports during the leave regarding an employee's status and intent to return to work. In addition, Virginia Wesleyan may request that the employee provide annual certifications for medical conditions lasting longer than a year. Finally, Virginia Wesleyan University may require certification of an employee's ability to return to work at the end of a leave.

Second or Third Medical Opinions

In some cases, Virginia Wesleyan University will require periodic status reports. The University may require a second or third medical opinion. An employee must authorize the release of relevant medical information to the health care provider supplying a second or third opinion, if that provider requests records related to the condition for which leave is sought. If the employee does not comply, Virginia Wesleyan University may deny FMLA leave.

Benefits During Leave

During FMLA leave, a Virginia Wesleyan University employee will continue the same benefits received before leave began. If the leave is running concurrently with paid leave, employee benefit contributions are deducted from the employee's paycheck as usual. If the leave is unpaid, the employee is billed directly for the contribution. If an employee fails to pay required insurance premiums on time (within 30 days), Virginia Wesleyan University may elect to pay the employee's premiums and later recover those amounts from the employee. Alternatively, Virginia Wesleyan University may elect to terminate coverage. In some cases, Virginia Wesleyan University may recover all premiums it paid for an employee's health coverage during leave if the employee fails to return to work. To the extent required by law, all employee benefits will be unconditionally reinstated upon the employee's return to work.

Annual Paid Leave (APL) is not accrued while an employee is utilizing FMLA leave (paid or unpaid).

Factual Misrepresentations


Factual misrepresentations made by employees to obtain a leave under this policy may result in disciplinary action, up to and including termination.

V. Related Policies

HR 6.1 Health and Welfare Benefits

HR 7.1 Short Term Disability

HR 7.3 Maternity Leave

	Policy Title: Maternity Leave Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.3
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Maternity Leave

I. Purpose

The purpose of this policy is to identify and define paid maternity leave for full-time regularly scheduled employees at Virginia Wesleyan University.

II. Scope/Applicability

All full-time University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy


For all full-time regularly scheduled employees, maternity leave is treated as any other short-term disability and will be paid according to the terms of HR 7.1 Short-Term Disability Policy. An employee may work for as long as is permitted by her physician. If it is medically necessary to stop working before the due date, short-term disability leave will begin at that time. The employee may return to work when medically approved to do so. If, at that time, or any time during the medically necessary leave, the employee runs out of short-term disability and annual paid leave (APL), the employee will be granted leave without pay in accordance with the Federal Family Medical Leave Act. In all cases, Virginia Wesleyan University will abide by any and all applicable federal and state laws.

In the event a faculty member returns to the classroom mid-semester following a short-term disability and/or FMLA leave, it is required that the faculty member's physician complete and return a release to work form to Human Resources indicating the faculty member may return to full employment and specifying whether there are any restrictions. Human Resources, in conjunction with the Provost and Vice President for Academic Affairs, will determine if restrictions can be accommodated. Human Resources, in conjunction with the faculty member's Department Chair and the Provost and Vice President for Academic Affairs may also offer the faculty member special project work for the remainder of the semester, if available.

V. Related Policies

HR 6.4 Annual Paid Leave
HR 7.2 Family and Medical Leave
HR 7.1 Short-Term Disability Policy

HR 7.4 Military Leave (USERRA)

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Military Leave Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.4
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Military Leave

I. Purpose

The purpose of this policy is to establish compliance with the Uniformed Services Employment and Re-Employment Rights Act for employees who require time off work due to military service.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Military Service: service in the uniformed services covers all categories of military training and service, including duty performed on a voluntary or involuntary basis, in time of peace or war. It includes, but is not limited to: Active Duty, Active Duty for Training, Initial Act of Duty for Training, Inactive Duty Training, full time National Guard duty, and absence from work to determine fitness for any of the above types of duty.

Uniformed Services: means the Armed Forces; the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty; the commissioned corps of the Public Health Service; and any other category of persons designated by the President in time of war or national emergency. For purposes of USERRA coverage only, service as an intermittent disaster response appointee of the NDMS (National Disaster Medical System) when federally activated or attending authorized training in support of their Federal mission is deemed "service in the uniformed services," although such appointee is not a member of the "Uniformed Services" as defined by USERRA.

IV. Policy

It is the policy of Virginia Wesleyan University to comply with the Uniformed Services Employment and Reemployment Act of 1994 (USERRA) (as revised) and applicable state laws which protect job rights and benefits for veterans and members of the reserves. The laws cover all persons serving in the Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service commissioned corps, and the reserve components of these services and the National Guard.

USERRA gives protection to those individuals who are absent from work for active duty, active duty for training, initial active duty for training (such as drills), funeral honors duty, inactive duty training, full-time National Guard duty (under federal, not state direction), and a period for which

a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty. In addition, also protected are those in service in the commissioned corps of the Public Health Service, those attending a military service academy, and those participating in a ROTC active or inactive duty training program. Covered service also includes an employee's service as an intermittent disaster-response appointee upon activation of the National Disaster Medical System (NDMS) or as a participant in an authorized NDMS training program. Finally, in times of war or national emergency, the president has the authority to designate any category of persons called into the country's service at such times as a service member covered by USERRA'S rights and protections.

Notice Period

Unless precluded by military necessity or circumstances under which the giving of notice is otherwise impracticable or unreasonable, the employee (or appropriate officer of the uniformed service in which the employee is to serve) must give as much advance written or oral notice as possible of the need for military leave.

Inactive Duty

If an employee is a member of one of the Reserve Units noted above, and is required to attend training or annual two-week encampment, or any other type of military exercise, the employee may elect to take APL, if sufficient earned days of APL are available, or to take a military leave of absence.

Active Duty

If an employee is absent from work due to active military service, Virginia Wesleyan University will grant the employee a leave of absence for the duration of such period of service up to the maximum required by USERRA.

Employment and Pay

If military leave of absence is elected under either an Inactive or Active Duty assignment, "makeup pay" for a period of 10 work days or 14 calendar days (whichever is greater) in a 12 month period will be granted. The "makeup pay" will be the difference between the normal base salary/wage for the period of time lost and the military pay (exclusive of travel and similar allowances) earned while at the encampment or training. To receive "makeup pay" each employee will be responsible for furnishing proof of participation in military training and a statement of government pay received. Employees may elect to use paid leave time (APL) in lieu of military leave or a combination of paid leave and military leave.

Reemployment

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, revised, an employee is entitled to reemployment by Virginia Wesleyan University upon separation from the military service, provided the employee:

- Was honorably discharged or terminated from service.
- Was employed in a position for which there was an expectation of continued employment.
- Has not been absent for duty in the Uniformed Services for longer than a cumulative period of five years unless involuntarily retained in the Uniformed Service.
- Reported to work or notified their supervisor of an intention to return to work, at the proper time, as indicated in the following table.
- In all cases, an employee will be reinstated in accordance with federal and state law.

Period of Service	Action Employee Must Take	When Action Must Be Taken From Completion of Service
1 – 30 days	Report to work	On the next regularly scheduled work shift on the first full calendar day after service ended, plus the time for safe transportation back to their residence and eight hours of rest – OR – as soon as possible after the eight-hour rest period, if, through no fault of the employee, it would be impossible or unreasonable to report within the time described in (1)
31 – 180 days	Notify their supervisor in writing of the employee's intent to return to work	Within 14 calendar days after completing service*
181+ days	Submit a written request for reemployment	Within 90 calendar days after completing service

*If complying with this deadline is impossible or unreasonable through no fault of the employee, on the next first full calendar day when submitting the request becomes possible.

An eligible employee will be reinstated to their former position or a comparable position.

Benefit Continuation and Reinstatement

The following benefit policies pertain to periods of military service qualifying under the Uniformed Services Employment and Reemployment Rights Act (USERRA):

Healthcare: The University provides employees with limited health coverage during military leave. For an employee on active duty for fewer than 31 days, the University provides healthcare coverage as if he or she had not taken leave. Those on active duty for 31 or more days may elect to continue employer-sponsored healthcare for up to 24 months. As with other extended leaves, the University may require employees electing such coverage to pay up to 102% of the full premium.

403(b) Plan: Employees participating in the Virginia Wesleyan TIAA-CREF Plan may make up any contributions missed due to being on leave when they return to work. Although the requirements for making retroactive contributions are complex under the controlling law, and VWU will advise employees of specific rights and obligations upon reemployment, it is important to understand that returning employees may take up to three times the length of military service, to a maximum of five years, to make up contributions which were not made during military leave. Moreover, makeup contributions are not subject to the annual limitations on plan contributions.

APL: Employees will not accrue APL when they are on Military Leave Without Pay for more than 14 consecutive calendar days.

Seniority: Upon returning to VWU employment, an employee is entitled to the Seniority he or she had when military leave started, together with the rights and benefits tied to that Seniority, plus any rights and benefits he or she would have had if Military Service had not interrupted employment. For example, if during Military Service his or her APL accrual rate would have increased due to seniority, the employee would accrue at the higher accrual rate upon returning to work from Military Leave.

Other Benefits: The coverage provided by insurance such as group life insurance and long term disability insurance will be reinstated, with no waiting period, when the employee returns to active employment with the University.


- Dependents of employees who are eligible or become eligible for tuition remission benefits will retain this eligibility during the time the employee is on military leave. Dependents of employees who are eligible for tuition
- assistance or exchange will be eligible for this benefit, with no waiting period, when the employee returns to active employment with the University.

This policy may not address all issues concerning employee rights during military leave. Insofar as issues arise that are not addressed in this policy, the University will abide by USERRA and any controlling state laws.

V. Related Policies

HR 6.4 Annual Paid Leave

HR 7.5 Civil and Jury Duty Leave

	Policy Title: Civil and Jury Duty Leave Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.5
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Civil and Jury Duty Leave

I. Purpose

The purpose of policy is to outline the means by which the University will authorize leave for employees required to appear in a court proceeding as a juror, witness, crime victim, or serve as an officer of election.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Officer of Election: a person appointed by an electoral board pursuant to Code of Virginia § 24.2-115 to serve at a polling place for any election.

IV. Policy

The University provides employees non-accrued paid leave when attending or participating in the following civic activities:

- As required by a summons to jury duty.
- To appear as a crime victim or as a witness in a court proceeding or deposition as compelled by a subpoena or summons (see Code of Virginia § 40.1-28.7:2).
- To accompany the employee's minor child when the child is legally required to appear in court.
- To serve as an Officer of Election (see Code of Virginia § 24.2-115).

Please note that the civil related leave is not granted by the University for use by an employee:

- Who is a defendant in a misdemeanor or felony criminal matter.
- Who has received a summons to appear in traffic court (except as a witness).
- Who is a party to a civil case, either as plaintiff or defendant, or who has any personal or familial interest in the proceedings.

The University expressly prohibits any form of discipline, reprisal, intimidation, or retaliation against any individual for requesting or taking leave under this policy.

Documentation

Employees must provide documentation of the event to their supervisor prior to the event, but no later than two (2) weeks after performing the appropriate duties.


Compensation

Employees do not need to return court or Officer of Election compensation to the University.

V. Related Policies

HR 6.4 Annual Paid Leave

HR 7.6 Bone Marrow Donation Leave

	Policy Title: Bone Marrow Donation Leave Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 7.6
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Bone Marrow Donation Leave

I. Purpose

The purpose of this policy is to support employees who wish to serve as bone marrow donors by providing them with leave in accordance with the Virginia Bone Marrow Donation Leave Act (Virginia Code § 2.2-2813).

II. Scope/Applicability

All University employees who have completed at least 12 months of continuous service with the University.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

In accordance with the Virginia Bone Marrow Donation Leave Act (Virginia Code § 2.2-2813), the University will provide up to 30 days of unpaid leave in a 12-month period for the purpose of serving as a bone marrow donor. An employee may take leave to make such a donation, to recuperate from the procedure, and to respond to any resulting complications.

The University expressly prohibits any form of discipline, reprisal, intimidation, or retaliation against any individual for requesting or taking leave under this policy.

Eligibility

All regular full-time and part-time employees are eligible for bone marrow donation leave upon meeting the following conditions:

- Completion of at least 12 months of continuous service with the University.
- Submission of a written request for bone marrow donation leave at least 30 days in advance, or as soon as reasonably possible.

Application for Leave

Employees must submit a written request for bone marrow donation leave to their supervisor and Human Resources at least 30 days in advance, unless unforeseen circumstances prevent this.

The written request must include:

- The anticipated dates of leave.
- Confirmation of the bone marrow donation appointment.
- Any supporting documentation as required.

Human Resources will review the request and provide written approval or denial within five (5) business days of receiving the request.

If approved, the employee will be granted bone marrow donation leave as requested.

Job Protection

During the bone marrow donation leave period, the employee's position will be protected, and they will be reinstated to the same or an equivalent position upon their return from leave.

Benefits During Leave

While on bone marrow donation leave, employees will continue to accrue benefits, as applicable. However, the leave is unpaid, and employees must arrange for any applicable benefit premiums to be paid during their absence.


V. Related Policies

HR 6.4: Annual Paid Leave

HR 7.2 Family and Medical Leave

EMPLOYEE SAFETY AND SECURITY

HR 8.1 Prevention of Violence and Weapons in the Workplace

	Policy Title: Prevention of Violence and Weapons in the Workplace Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 8.1
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Prevention of Violence and Weapons in the Workplace

I. Purpose

The purpose of this policy is to promote a safe environment by prohibiting violent, threatening, and harassing actions in the workplace.

II. Scope/Applicability

All University employees, volunteers, contractors, agents, and other third-parties authorized to act on behalf of Virginia Wesleyan University.

III. Definitions/Key Terms

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

Violence: includes physically harming another, shoving, pushing, harassing, intimidating, coercing, brandishing a weapon or weapons, and threatening or talking of engaging in these activities. Violence also includes aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress. In addition, it includes intentionally damaging employer property or property of another employee and could include committing acts motivated by, or related to, domestic violence. It is the intent of this policy to ensure that everyone associated with Virginia Wesleyan, including faculty, staff, students, visitors, and customers never feel threatened by actions of conduct on campus.

Weapons: include guns, knives, explosives, ammunition, fireworks, and other items with the potential to inflict harm, any items that could be reasonably mistaken for a weapon. Examples of lethal weapons and dangerous instruments include but are not limited to: firearms of any description, paintball, carbon dioxide and spring propelled guns, swords, dirks, knives, brass knuckles, blackjacks, bow and arrows or crossbows or other devices designed or intended to propel a missile of any kind, stun guns, stun batons, tasers or other electronic or electric weapons, fireworks, bombs, etc. This list is not intended to list all possible weapons; final determination is at the discretion of the University.

IV. Policy

Virginia Wesleyan University is committed to providing and maintaining a respectful environment that is conducive to safe working, learning, and living for all members of the Virginia Wesleyan community. Virginia Wesleyan is committed to maintaining an environment in which all faculty, staff, students, and guests can study, live, and work without intimidation or fear. In keeping with this commitment, it is the policy of Virginia Wesleyan University that acts of violence, threats of violence, and behavior meant to intimidate others is strictly prohibited. Such prohibition includes any act, behavior, or communication that is abusive, threatening, or disruptive to the work, education, or well-being of any individual or groups of individuals employed by, enrolled in, or visiting the University.

Virginia Wesleyan University has a policy of zero tolerance for violence. Any violent behavior in the workplace, or threats of violence on campus from employees, students, or guests, may result in disciplinary action, up to and including immediate termination, disenrollment, or removal/banishment from campus. Moreover, given the concerns embodied in this policy, joking about violence and other inappropriate discussion of violence will be taken seriously and may prompt an investigation and disciplinary action. Any person who engages in a threat or violent action may be removed from the premises as quickly as safety permits and may be required, at the discretion of President or the President's designee, to remain off of University property pending the outcome of an investigation of the incident. In addition to University disciplinary action, any illegal activity discovered may also be subject to referral to the appropriate law enforcement authorities.

In an effort to fulfill this commitment to a safe work environment for employees, customers, and visitors, the following rules will be observed:

- Access to Virginia Wesleyan University's property is limited to those with a legitimate business, educational, or entertainment interest;
- Employee and student vehicles entering Virginia Wesleyan property must display a VWU sticker;
- Visitors to campus must obtain and display on their car a Visitor's Pass from Security.

Weapons on Campus and at University Sanctioned Events

Virginia Wesleyan University specifically prohibits the unauthorized or illegal possession, use, storage, or sale of weapons by an employee, student, or visitor while on campus or at a University sponsored event. This ban includes keeping or transporting a weapon in a vehicle in a campus parking area. A concealed weapons permit does not create an exception to this rule. This rule applies at any time employees and students are performing University services, even if such services are accomplished off the University's campus. Appropriate disciplinary action, up to and including termination, will be taken against any employee who violates this policy. Moreover, any unlawful possession of a weapon is subject to referral to the appropriate law enforcement authorities.

Exceptions

The University permits Campus Security officers and commissioned law enforcement officers authorized to carry specific weapons to use, possess, or store their service weapons on University property in performance on their official duties. In addition, the Director of Campus Security may grant a waiver to this policy for educational purposes as part of a classroom activity, University-sponsored sports involving weapons, or other purposes with prior written approval. Individuals or groups seeking such an exception must submit a written request for a waiver at least five (5) business days in advance of the event for which they seek a waiver. The Director of Campus Security will evaluate such requests and provide a written response to the waiver request.

Workplace Monitoring and Inspections

The University reserves the right to monitor and inspect all work areas and work communications, including, but not limited to, desks, computers, telephones, and University-owned mobile devices. Display and transmission of materials and messages or possession of weapons in violation of this policy may be cause for disciplinary action, up to and including termination. Moreover, any illegal activity discovered during an inspection is subject to referral to the appropriate law enforcement authorities.

Reporting and Prohibition Against Retaliation

Anyone who believes they may be a victim of violence should report such concerns to Campus Security, and/or any University vice president, associate or assistant vice president, dean, director, or department head.

It is everyone's business to help prevent violence at Virginia Wesleyan University. Each employee can help by reporting what they see on campus that could indicate that someone is in trouble. Faculty and staff are encouraged to report any incident that may involve a violation of any of the University's policies that are designed to provide a comfortable and safe workplace environment. Concerns may be presented to Campus Security, and/or any university vice president, associate or assistant vice president, dean, director, or department head.

Individuals in a potentially violent situation should remain calm and contact a supervisor or another member of management to assist in diffusing the situation. In the case of imminent danger to oneself or another employee, an employee must use judgment to determine if a call to the Campus Security and/or law enforcement authorities is necessary.

Members of the University community may report any kind of violence, threats of violence, or presence of weapons without fear of reprisal. Retaliation against anyone for reporting an actual or suspected violation of this policy in good faith will not be tolerated and will subject the individual engaging in the retaliation to disciplinary or corrective action up to and including termination. Any complaints about retaliation may be reported in the same manner as violations of this policy are to be reported.

Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis.


Mandatory Reporting

Individuals who are Responsible Employees must report threats or actual incidents of violence that may constitute alleged sexual misconduct to the Title IX Coordinator. Moreover, individuals who are Campus Security Authorities must notify the University of threats or actual incidents of violence that may constitute Clery Act Crimes. See HR 8.2 Mandatory Crime Reporting.

V. Related Policies

HR 8.2 Mandatory Crime Reporting

HR 8.2 Mandatory Crime Reporting

	Policy Title: Mandatory Crime Reporting Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 8.2
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Mandatory Crime Reporting

I. Purpose

The purpose of this policy is to comply with the Jeanne Clery Act, Title IX, and §63.2-1509 of the Code of Virginia by identifying those University employees required to report sexual harassment and discrimination, Clery crimes, and instances of child abuse and neglect to appropriate administrators on campus.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Campus Security Authority (CSA): is an individual at the University who, because of their function for the University, has an obligation under the Clery Act to notify the University of alleged Clery Act Crimes that are reported to them in good faith, or alleged Clery Act Crimes that they may personally witness. CSAs include: Campus Security officers; any individual or individuals who have responsibility for campus security but who are not Campus Security personnel; any individual or organization specified in the University's campus security statements as an individual or organization to which students and employees should report crimes; an official of the University who has significant responsibility for student and campus activities, including, but not limited to, student housing, student conduct, and conferences and events, and who has the authority and the duty to take action or respond to particular issues on behalf of the University.

Child Abuse or Neglect: the Code of Virginia §63.2-100 defines an abused or neglected child as any child under 18 years of age whose parent or any person responsible for their care: Causes or threatens to cause a non-accidental physical or mental injury; Has a child present during the manufacture of a controlled substance or during the unlawful sale of such substance where such activity would constitute a felony violation; Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care; Abandons the child; Neglects or refuses to provide adequate supervision in relation to a child's age and level of development; Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.

Clery Act Crime Crimes: crimes specified in the Clery Act on which the University must compile statistics of reports made to the Division of Campus Safety, CSAs, and law enforcement and publish those statistics annually to the University community, including: criminal homicide (murder, non-negligent manslaughter, and manslaughter by negligence); sex offenses (rape, fondling, incest, statutory rape), robbery; aggravated assault; burglary; motor vehicle theft; arson; stalking; domestic violence; dating violence; hate crimes (including larceny-theft, simple assault, intimidation, or destruction/damage/vandalism of property that are motivated by bias); and arrests and referrals for disciplinary action for any of the following: (a) liquor law violations; (b) drug law violations; and (c) weapons law violations.

Responsible Employees: individuals that have an obligation to report incidents of sexual harassment to Campus Security, the Sexual Harassment Review Committee, the Title IX Coordinator, or Deputy Title IX Coordinators. Certain individuals are exempt from reporting and may speak with a complainant in confidence. These individuals may maintain confidentiality unless there is a belief of imminent danger to the community or an individual. Exempt employees are Counseling Services, the University Chaplain, and Student Health Center. All other individuals in employment or a volunteer capacity, part- or full-time at Virginia Wesleyan University are responsible for reporting.

Sexual Harassment: conduct on the basis of sex, including on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity, that satisfies one or more of the following: (i) A school employee conditioning education benefits on participation in unwelcome sexual conduct (i.e., quid pro quo); or (ii) Unwelcome sex-based conduct that, based on the totality of the circumstances, is subjectively and objectively offensive and is so severe or pervasive that it limits or denies a person's ability to participate in or benefit from the University's education program or activity (i.e., creates a hostile environment); or (iii) Sexual assault (as defined in the Clery Act), dating violence, domestic violence, or stalking as defined in the Violence Against Women Act (VAWA).

Retaliation: taking adverse action against an individual making a report or complaint under a University policy or against any person cooperating in the investigation of a complaint or report under a University policy. Retaliation includes intimidation, threats, harassment, and other adverse action including adverse job action and adverse academic action against any such complainant or reporter.

IV. Policy

The Clery Act and Title IX require certain employees at the University to report applicable criminal incidents to Campus Security and/or the Title IX Coordinator. In addition, under Virginia law all University employees eighteen years of age or older must report child abuse and/or neglect that they suspect or become aware of in connection with any University activities and operations, whether the abuse or neglect is believed to have occurred on or off campus. The procedures below identify which employees are obligated to make a mandatory report to the appropriate University authority (and law enforcement or the Virginia Department of Social Services if applicable) and what types of crimes or incidents must be reported.

Any employee who makes a report of an actual or suspected violation of this policy in good faith will not be retaliated against in any way by the University, its employees, or agents. Retaliation against anyone for reporting an actual or suspected violation of this policy in good faith will not be tolerated and will subject the individual engaging in the retaliation to discipline up to and including termination.

Clery Crime Reporting

The Clery Act recognizes certain University officials and offices as Campus Security Authorities (CSAs) and members of the campus community may report any crime or emergency occurring on campus or at a University-sanctioned event to them.

At Virginia Wesleyan University, the following employees have been designated as CSA's:

Victor Dorsey
Director of Campus Security
vdorsey@vwu.edu

Elyse Rosen
Director of Residence Life
erosen@vwu.edu

Each CSA is required and trained to report incidents of a Clery crime occurring on campus or at a University sanctioned event to Campus Security for inclusion in the Annual Security and Fire Report.

Title IX Reporting

All University employees, with the exception of Counseling Services, the University Chaplain, and Student Health Center employees, are designated as Responsible Employees and have an obligation to report any knowledge of a sexual harassment incident to Campus Security, the Sexual Harassment Review Committee, the Title IX Coordinator, or Deputy Title IX Coordinators. Responsible reporters cannot guarantee confidentiality due to University responsibility to provide a safe campus environment.

Child Abuse and Neglect Reporting

When an employee has "reason to suspect that a child is an abused or neglected child," the employee must make a report as soon as possible, but no later than 24 hours after "reasonable suspicion" arises, to the Campus Security, which will then make a report to the Department of Social Services toll-free hotline or the local Social Services office.

Campus Security shall keep a log of any such reports, including the identity of the person filing the report, the date and time of the report, all facts and information concerning the incident(s) giving rise to the report, and the date and time the report is filed with the State or local Department of Social Services.

If an employee is unable to reach Campus Security, they may alternatively report the suspected abuse to one of the following:

- Contacting the [local district office](#) of Virginia Department Social Services in the city where the child lives or the city where the abuse/neglect is believed to have occurred. For incidents in occurring in Virginia Beach contact the Eastern District Office at (804) 819-7025.
- Contacting the Department of Social Service's state-wide toll-free child abuse and neglect hotline (1-800-552-7096).
- Contacting Campus Security.

If an employee reports to the State or Local Department of Social Services, they must also provide the same information to Campus Security as soon as possible.

Penalties for Failure to Report

In addition to University disciplinary sanctions, any individual who fails to report suspected child abuse and neglect within twenty-four (24) hours of first suspicion is subject to criminal fines and jail time.


Immunity for Good Faith Reporting

Pursuant to Virginia law, any individual who makes a good faith report of suspected child abuse or neglect is immune from criminal or civil liability unless they are acting in bad faith or with malicious intent pursuant to § 63.2-1512 of the Code of Virginia.

V. Related Policies

HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

HR 8.3 Post-Hire Criminal Conviction Reporting

	Policy Title: Post-Hire Criminal Conviction Reporting Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 8.3
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Post-Hire Criminal Conviction Reporting

I. Purpose

The purpose of this policy is to establish a process which enables the University to review the circumstances of a current employee's post-hire conviction, plea of guilty, plea of no contest, or plea of Probation Before Judgment (PBJ) of certain crimes to ensure that the employee or affiliate does not pose an unacceptable risk to the University community.

II. Scope/Applicability

All University employees, as well as certain volunteers and student employees over the age of eighteen who work with or in an environment with vulnerable population programs.

III. Definitions/Key Terms

Criminal Conviction: means all criminal convictions and pleas that are acknowledgements of criminal responsibility, including but not limited to prayers for judgment that occur on or after the effective date of this policy, registration as a convicted sex offender with any governmental authority as a result of any prior conviction for a sex offense, and/or any convictions or pleas that are acknowledgments of criminal responsibility subject to the jurisdiction of a military court. Convictions for routine traffic-related infractions (e.g., speeding, unsafe movement, improper equipment) are not required to be reported under this policy unless driving is a required part of the employee's regularly assigned job duties. In these circumstances, the employee must report any traffic-related conviction under the provisions of this policy.

Volunteer(s): means any uncompensated individual who is authorized by a University department, division, or unit to perform humanitarian, charitable or public services on behalf of the University, or to gain personal or professional experience in specific endeavors. By definition, Volunteers perform services without promise, expectation or receipt of any compensation, future employment or any other tangible benefit.

Vulnerable Population Programs: means University-sponsored programs and activities, including but not limited to academic programs and camps, serving minors or at-risk adults.

IV. Policy

All employees who have been convicted of, or entered a plea of guilty, a plea of no contest, or a plea of Probation Before Judgment (PBJ) to a crime (as described in the Definitions section of this

policy) are required to report in writing such conviction or plea to Human Resources within five (5) calendar days of the conviction or date such plea is accepted by a Court of Law.

In making the report, the employee must provide Human Resources written documentation (for example, a written court record of the conviction or plea) that describes the criminal conviction(s) in question. Supervisors and/or Department Heads who have had such matters reported directly to them, either from the employee or through any other source, must immediately convey this information to Human Resources.

A willful failure to report a criminal conviction under this policy or to cooperate with University in regard to a reportable matter under this policy may subject the employee to appropriate disciplinary action, up to and including termination of University appointment or affiliation.

Review and Assessment of Criminal Conviction(s) or Plea(s)

The intent of this policy is to ensure the safety of the University community and to properly protect its resources and reputation. It is not the intent of this policy that every criminal conviction will result in an action that would adversely affect an individual's appointment or affiliation with the University. Certain non-violent criminal offenses may not necessitate the University taking any action unless the conviction adversely affects the employee's ability to perform the principal functions of their position, poses an unacceptable safety risk, or is part of an ongoing and sustained pattern of illegal conduct.

Review of Criminal Convictions

Human Resources will review the criminal conviction(s) in question to determine if the matter would materially interfere with or pose an unacceptable safety risk regarding the performance of the employee's job duties or if it is part of an ongoing and sustained pattern of illegal conduct.

Depending on the nature of the reported criminal conviction, Human Resources may initiate an updated criminal conviction check for the employee in question to assist in its risk assessment. This will also determine whether there are other convictions previously unknown to the University that may influence the University's risk assessment. In the event an updated criminal convictions check is initiated under this policy, Human Resources will provide the affected employee with any required disclosures under the federal Fair Credit Reporting Act.

Determining Action

Using the standards below, Human Resources, in consultation with the employee's supervisor, will determine the most appropriate action to be taken by the University, if any. Such action may include, but not be limited to, modification of assigned duties or work assignment, continuation of appointment conditional on successful completion of appropriate treatment or counseling, or appropriate disciplinary action up to and including termination of appointment.

In considering whether a criminal conviction may necessitate the University taking an action that may adversely affect an individual's appointment or affiliation with the University, the following factors will be used to determine an appropriate course of action:

- The relationship of the conduct to the specific job duties and responsibilities that would be performed by the employee or volunteer, if appointed.
- The nature, gravity, and context of the events surrounding the conduct as evidenced by the background check results and any supplementary information that can be obtained by the University or that is provided by the employee.
- The time that has elapsed since the conduct occurred and/or completion of any sentence served.
- The employee's demonstrated behavior since any conviction and future potential of illegal activity by the individual as might be inferred from a past pattern of conduct.
- Any other extenuating circumstances documented by the employee or otherwise known to the University (e.g., age of the candidate at the time of the conduct, totality of the circumstances, etc.).

Notification and Appeal


If a reported criminal conviction or plea is a factor in taking an adverse action against an employee based on the guidelines set forth in this policy, the employee's supervisor or department head will notify the employee in writing. The written communication will include the action to be taken and the employee's process to appeal such action.

An employee may appeal any disciplinary or other adverse action received as a result of a criminal conviction, which is either reported by the employee directly or independently identified by the University through the appropriate grievance process based on the employee's appointment type and category of appointment. This policy does not grant grievance rights to an employee or affiliate who does not otherwise enjoy such rights given the terms of their relationship with the University.

V. Related Policies

HR 2.1 Equal Employment Opportunity
 HR 2.4 Pre-Employment Background Investigations
 HR 3.2 Statement of Non-Discrimination

HR 8.4 Employee Parking and Traffic Regulations

	Policy Title: Employee Parking and Traffic Regulations Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 8.4
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Employee Parking and Traffic Regulations

I. Purpose

The purpose of this policy is to facilitate and regulate employee vehicle parking and traffic on campus.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

In order to provide a parking space for each student, faculty, and staff member, the University issues decals in two categories - faculty/staff and student. Signs are in place to assist in parking in the areas designated for faculty and staff parking.


University parking regulations, which are published on the University website, are strictly enforced. Any vehicle receiving more than two parking violations may be towed. Towing removal fees will be borne by the violator. Towed vehicles may be claimed through the Security Office. The supervising vice president of a repeat violator may be made aware if the matter persists.

Parking permits may be obtained from the Security Office at no charge. Parking decals are to be placed on the driver's side top left on the inside of the windshield.

V. Related Policies

Not Applicable.

HR 8.5 Motor Vehicle Record Policy

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Motor Vehicle Record Policy Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 8.5
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Motor Vehicle Record Policy

I. Purpose

The purpose of this policy is to establish compliance with requirements of Virginia Wesleyan University's liability insurance carrier. The insurance carrier determines what is an acceptable driving record (for insurance purposes) for an individual who drives University-owned or leased vehicles, or who routinely use personal vehicles in the course of University business. The insurance carrier uses Motor Vehicle Record (MVR) reports to determine if drivers meet the carrier's criteria.

II. Scope/Applicability

All drivers of University-owned and/or leased vehicles, as well as employees routinely using personal vehicles in the course of University business. Routinely can be defined as the need to drive on a weekly basis.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

The administration of Virginia Wesleyan University takes seriously the safety of its employees and students and expects anyone driving a University-owned vehicle as well as employees using personal vehicles in the course of University business to have a current driver's license and to maintain a safe driving record. The following guidelines have been established to include Motor Vehicle Record (MVR) acceptability levels for prospective drivers and current Virginia Wesleyan drivers. It is Virginia Wesleyan's policy and a requirement that every employee and student with driving duties maintain an MVR that meets the requirements outlined in this policy.

Driver Selection and Qualification

Virginia Wesleyan will examine MVRs for all employees and students driving University-owned vehicles and/or vehicles leased by the University prior to authorizing driving privileges and at least annually thereafter. Virginia Wesleyan University will examine MVRs for all employees and students using personal vehicles routinely in the course of University business. Continued driving privileges in these positions requires maintenance of an MVR that meets the standards presented within this policy.

Procedure

1. For positions whose job function may involve driving a University-owned and/or leased vehicle for the University or driving routinely in the course of University business, an applicant will be required to either provide a recent MVR within the last 30 days for review, or sign an authorization form for the University to run an MVR. An applicant who refuses to complete, sign and submit the form may not be offered employment.
2. Current employees and students who need authorization to drive a University Vehicle must either provide a certified copy of their recent MVR, within the last 30 days, or submit an authorization to Human Resources so that an MVR can be obtained. A current employee or student who refuses to provide a recent MVR or who refuses to complete, sign, and submit the authorization form authorizing the University to obtain the MVR may not be allowed to continue as an employee should driving responsibilities be a part of the employee's position profile or may have driving privileges restricted, depending on the importance of driving to the position in question.
3. This written consent form will be forwarded to the Human Resources Office. Human Resources will forward the request to the University's third-party background service to obtain an MVR. The MVR will be obtained from the Virginia Department of Motor Vehicles and/or any other state in which the applicant, employee, or student is licensed or has recently been licensed to drive.
4. If the results of an individual's MVR indicate that the applicant, employee, or student may be a driving risk, the Director of Human Resources will evaluate the findings and make a recommendation on hiring, continuing employment, or restricting driving privileges to the relevant supervisor if driving is pertinent to the position as written within the individual's position profile.
5. Questionable MVRs will be forwarded to the University's insurance carrier for final review.

General Information

1. MVR information will be used only for the purpose of this policy. All other Virginia Wesleyan policies will be observed when implementing this policy.
2. Offers of employment will be contingent on satisfactory results of the MVR check for those positions requiring employees to drive University owned and/or leased vehicles or personal vehicles routinely for University business.
3. Any MVR obtained during implementation of this policy will be maintained as confidential by the Human Resources Office.
4. The supervisor or the Director of Human Resources may verify or clarify any questions raised by the MVR with the relevant applicant, employee, or student.

Motor Vehicle Record Standards

Any applicant, employee, or student may be denied employment or continued employment if driving is pertinent to the individual's responsibilities as defined in the position profile while others may be restricted from driving a University vehicle or a personal vehicle for University purposes as part of the relevant position if any of the following combinations of offenses are found on the MVR:


1. One major violation within the last five years.
2. Three or more moving violations within the last three years.
3. Two or more at-fault accidents within the last three years.
4. Combination of accidents and moving violations equaling two or more within the last three years.

V. Related Policies

HR 2.4 Pre-Employment Background Investigations

EMPLOYEE HEALTH AND SAFETY

HR 9.1 Drug and Alcohol-Free Workplace

	Policy Title: Drug and Alcohol-Free Workplace Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 9.1
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Drug and Alcohol-Free Workplace

I. Purpose

The purpose of this policy is to prevent the unlawful possession, use, or distribution of illicit drugs or alcohol in the workplace in compliance with the Drug-Free Workplace Act of 1988, as amended.

II. Scope/Applicability

All employees of Virginia Wesleyan University.

III. Definitions/Key Terms

Controlled Substances: means drugs and substances listed in Schedules I-V of the controlled substances act, 21 U.S.C. 812 and related federal regulations, 21 C.F.R. 1308.11 – 1308.15 as they may be amended from time to time and Schedules I-VI of the Virginian Drug Control Act (Code of Virginia § 54.1-3401), as it may be amended from time to time.

Conviction: means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence or both by any judicial body charged with responsibility to determine violations of state or federal criminal drug statutes.

Employee: An employee is anyone who receives a paycheck for services and who also receives a Form W-2 or a person who is considered a contract worker and receives a Form 1099.

IV. Policy

In accordance with the Drug-Free Schools and Communities Act of 1989, as amended, the University prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance (usually referred to as illegal drugs listed under the federal Controlled Substances Act) on University grounds or property or during a University -sponsored activity.

Employee Responsibilities

In accordance with the Drug-Free Schools and Communities Act of 1989, as amended, it is the policy of Virginia Wesleyan University that as a condition of employment, an employee will

notify the University of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Employees are prohibited from engaging in the following activities:

- Using, manufacturing, purchasing, selling, possessing, dispensing, distributing or accepting illegal drugs or drug related paraphernalia while on or off the job.
- Using, purchasing, selling or distributing alcohol while on campus unless such activity takes place at an event which has been approved by the University administration and for which all necessary licenses have been obtained.
- Using, possessing, selling, purchasing, manufacturing, or distributing marijuana and other paraphernalia on the Virginia Wesleyan University campus. (See below.)
- Showing up for work or being on the job while impaired by illegal drugs and/or alcohol.
- Transporting illegal drugs, drug-related paraphernalia and/or alcoholic beverages in a University-owned, leased or hired vehicle with the following exception: Alcoholic beverages may be transported in such a vehicle if prior approval has been given by either the President or appropriate Vice President.
- Using, purchasing, selling or distributing alcohol at University-related activities off-campus may be prohibited under certain circumstances.

For purposes of this subsection, "on the job" shall be deemed to include meal periods, breaks, stand-by duty, and any time that an employee is acting in their capacity as a Virginia Wesleyan University employee, whether on or off University property.

Although the medically-authorized use of prescription drug(s)/medication(s) is not prohibited, any employee who is taking prescription or nonprescription drug(s)/medication(s) and has reason to believe, based on information provided by their physician, pharmacist or the drug/medication label that the drug/medication may impair the ability to safely and effectively perform the duties and responsibilities required of their position shall promptly advise their immediate supervisor of the use of such drug(s)/medication(s).

If a supervisor has reasonable cause to believe that an employee is under the influence of alcohol and/or a controlled or illegal substance while at work, or following an accident, the supervisor, with the approval of the department head and the Director of Human Resources, may require the employee to submit to an alcohol or drug screen test at the expense of the University.

Marijuana

The Commonwealth of Virginia regulates the use of marijuana and permits an individual 21 years of age or older to:

- Possess an ounce or less of marijuana.
- Consume marijuana in private residences.
- Possess up to four marijuana plants.

Regardless of Commonwealth law, Virginia Wesleyan receives federal funding through student financial aid, and therefore must uphold all federal guidelines and laws. Under federal law, the possession, distribution, and consumption of marijuana and paraphernalia remains illegal. Accordingly, the use of or being under the influence of marijuana in any form by University community members on University grounds or property or during a University-sponsored activity is prohibited and a violation of University policy.

Counseling, Treatment and/or Rehabilitation

Virginia Wesleyan University recognizes that one of its most valuable assets is its employees, and its most important responsibility is to the students whom they serve. In furtherance of the purpose of this policy, any employee who has a drug-related or alcohol-related problem is encouraged, for their own benefit as well as the benefit of fellow employees and the students, to voluntarily seek counseling and treatment through the Employee Assistance Program or at a clinic of their choice. All counseling and treatment sessions, as well as referrals, will be handled in a confidential manner.

Health Risks

Alcohol: Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spousal and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and liver. Alcohol abuse accounts for about 100,000 deaths annually.

Alcoholism is a chronic and potentially fatal disease typified by physical dependency on alcohol, a need for increasing amounts, and organ pathology. It is known to contribute to the development of fatal disorders, including cardiomyopathy (abnormalities of the heart muscle), hypertensive disease, pneumonia, and some cancers. Alcoholism is also responsible for chronic brain damage and alcohol-related brain injury is second only to Alzheimer's disease as a known cause of mental deterioration in adults. There are some findings suggesting that the more a woman drinks, the greater her chances are for developing breast cancer.

Mothers who drink alcohol during pregnancy may give birth to infants with Fetal Alcohol Syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk of becoming alcoholics than are other youngsters.

Amphetamines: produce an artificial stress in the body, similar to that of the "flight or fight" response. Abuse of amphetamines causes over activity, irritability, defective reasoning and judgment, irregular heartbeat, liver damage, paranoia, and possible cerebral hemorrhage. There is also the possibility of a psychotic breakdown. When a user discontinues the use of the drug, severe depression, fatigue, increased appetite, and high fluid intake can result.

Barbiturates: are downers which depress all excitable nerve tissue, especially that of the brain and spinal cord. Barbiturates reduce the time spent in REM sleep and depress respiration. With high doses, one can fall asleep and then stop breathing. The user of barbiturates becomes sedated, sluggish in thought and action, and possibly free from worries. Barbiturates inhibit dreaming and induce the liver to make more enzymes.

Cocaine: Health risks linked to cocaine use include the following:

- Regular users of cocaine are often restless, irritable, depressed and anxious. Higher doses and chronic abuse often lead to paranoia attacks. In many cases, there is a break with reality, which includes auditory, visual, or tactile hallucinations. One hallucination is known as "coke bugs" where a person has the sensation of insects crawling under the skin. Cocaine psychosis can continue for months, and severe cases can require hospitalization. Use of cocaine may cause nasal congestion and a runny nose. Sores on the nasal membranes can also occur, along with sore throat and hoarseness. Cocaine users can experience shortness of breath, cold sweating, and tremors. Long term use can also damage the liver.
- Neural damage due to cocaine use is highly likely. The acute hypertension occasionally brought on by cocaine use can burst weakened blood vessels.
- Heavy cocaine use can cause one to suffer from an irregular heartbeat. Pre-existing coronary heart disease may become worse and heart attack can be caused.
- Cocaine use can bring on high blood pressure and can cause a blood vessel in the brain to rupture which may lead to stroke.
- Eye doctors have noticed small crystals in the retinas of cocaine users. This may be the reason that chronic users occasionally suffer from "snow lights" or flashes of light in the periphery vision.
- Since cocaine suppresses the appetite, many users suffer from malnutrition and lose weight. Immune defenses can be lowered, making the user susceptible to tuberculosis, fungal disease, and other infections.
- Intravenous cocaine users risk AIDS, hepatitis, and other infections and free-base smokers risk lung damage.
- Cocaine overdose can result in paralysis of the respiratory muscles, abnormal heart rhythms, and repeated convulsions. Sudden death from cocaine use is unpredictable and can occur in a person who has used only a small amount of the drug.
- Cocaine use by pregnant women can cause eye and bone defects in their unborn children. Using cocaine can also cause premature and stillbirth. During the baby's first days of life, a baby born to a cocaine using mother is often irritable and jittery. Cocaine can also be transferred to a baby through breast milk.

Designer Drugs: are synthetic chemical modifications of older drugs of abuse that are designed and manufactured in covert laboratories and sold at great profit for recreational use. These drugs

can be several hundred to several thousand times stronger than the drugs they are designed to imitate. Designer drugs similar to opiates include fentanyl, demerol, and "china white." The narcotic analogs of designer drugs can cause symptoms such as those seen in Parkinson's disease - uncontrollable tremors, impaired speech, paralysis and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating and faintness. Psychological effects include anxiety, depression and paranoia. Withdrawal problems include sweating, diarrhea, fever, insomnia, irritability, nausea and vomiting, and muscle and joint pain.

Hallucinogens: are chemicals which produce changes in perception, thought and mood. They make people see and hear things that are not there. LSD, a hallucinogen, produces visual and auditory hallucinations so intense as to mimic a psychotic state. LSD can cause dilated pupils, flushed face, chilliness, and a rise in body temperature, increase in heart rate, goose bumps, salivation, and perspiration. LSD is known for producing flashbacks weeks or months after the last dose was taken. Because the consequences of LSD abuse include bizarre behavior and disorientation, there is also a significant risk of accidental injury and death. PCP, another hallucinogen, causes many users to feel tremendous anger. They may inflict violence upon themselves or others. PCP can induce a psychotic state exactly like schizophrenia. The effects of PCP can last up to a month. In severe cases, the user can have convulsions, go into a coma, and die.

Heroin: is an illegal addictive opiate associated with very high incidents of overdose. Heroin usage and death from heroin overdose is an epidemic in the United States. Illegal use of heroin has increased in both men and women, all age groups and all socioeconomic groups. The greatest risk factor of heroin addiction is addiction to opioid painkillers. Heroin can cause slow, shallow breathing, coma and death. It is typically injected but can also be snorted or smoked. Those who inject heroin are at risk of serious long-term viral infections such as HIV, Hepatitis B and C, and bacterial infections of the skin, bloodstream and heart. There is no control over the purity of street heroin so the user is never sure of the amount of drug or drugs they are using. Heroin is often mixed with acetyl fentanyl, another very powerful opioid. It can be five to fifteen times stronger than heroin and can lead to a more rapid onset of overdose that is more difficult to reverse using accepted medical treatment and Narcan.

Marijuana: while the harmful effects of marijuana are less obvious than those of cocaine and PCP because overdose is not common, these health effects have been reported: short-term memory impairment; impaired lung function, similar to that found in cigarette smokers; decreased sperm count and sperm mobility; interference with ovulation; impaired immune response; possible adverse effects on heart functions; and by-products remaining in body fat for weeks, with unknown consequences.

Methamphetamine: is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It appears to have a neurotoxic effect, damaging brain cells that contain dopamine as well as serotonin. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects include respiratory problems, irregular heartbeat and extreme anorexia. Its use can result in cardiovascular collapse and death.

Prescription Opioids: Opioid pain killers, such as hydrocodone, oxycodone, lortab, vicodin or other opiate derivatives, either medically prescribed or illicit use, can lead to physical and psychological dependency. Opiate pain medication has been identified as a risk factor and possible gateway drugs for heroin use. Health effects from opiates can include drowsiness, anxiety, nausea, mood swings, impaired judgment, delayed response or reaction, and emotional numbness. Use of opiates while at work or school can threaten productivity, work quality, personal safety and the safety of co-workers, fellow students and the entire campus community.

Synthetic Cathinones ("Bath Salts"): refers to an emerging family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant found naturally in the Khat plant. Reports of severe intoxication and dangerous health effects associated with the use of bath salts have made these drugs a serious and growing public health and safety issue. Bath salts are typically taken orally, inhaled, or injected, with the worst outcomes being associated with snorting or needle injection. The synthetic cathinones in bath salts can produce euphoria and increased sociability and sex drive, but some users experience paranoia, agitation, and hallucinatory delirium; some even display psychotic and violent behavior, and deaths have been reported in several instances.

MDMA (Ecstasy or Molly): MDMA (3,4-methylenedioxy-methamphetamine), popularly known as ecstasy or, more recently, as Molly, is a synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is taken orally, usually as a capsule or tablet. It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception. Health effects include increased heart rate and blood pressure, which are particularly risky for people with circulatory problems or heart disease. MDMA users may experience other symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. Some heavy MDMA users experience long-lasting confusion, depression, sleep abnormalities, and problems with attention and memory.

Please note the above list is only a sampling of drugs, and by no means a complete one. Non-labeled use of prescription drugs, abuse of prescription drugs, unsafe use of prescription drugs, club drugs, nicotine, as well as inhalants are other drugs that pose health risks. For a complete list, go to the National Institute on Drug Abuse web site at <http://www.drugabuse.gov/>.

University Sanctions

In applying sanctions as provided by the appropriate employee handbook and regulations it will be the policy of Virginia Wesleyan University to concentrate upon the work results and performance of its employees.

If a supervisor has reasonable cause to believe that an employee is under the influence of alcohol and/or a controlled or illegal substance while at work, the supervisor, with the approval of the department head and the Director of Human Resources, may require the employee to submit to an alcohol or drug screening test at the expense of the University. The failure of an employee to submit to a drug/alcohol screen is grounds for disciplinary action, up to and including suspension and/or termination. Should the results of the test be positive, the employee may be

required to seek professional help through the Employee Assistance Program, as a condition of continued employment.

Any employee who voluntarily admits, in the absence of reasonable suspicion or of any conduct which alone would subject the employee to discipline, that they have a drug-related or alcohol-related problem, they shall not be disciplined solely as a result of the admission.

Any employee found to be in violation of this policy and/or who has received or failed to report a final conviction for a criminal drug offense in local, state or federal court will be subject to discipline up to and including termination.

Legal Sanctions

Various federal and state statutes make it unlawful to manufacture, distribute, dispense, deliver or sell, possess, or possess with intent to manufacture controlled substances. The penalty imposed depends upon many factors, including the type and amount of controlled substance involved, the number of prior offenses, if any, and whether any other crimes were committed in connection with the use of the controlled substance. Possible government sanctions include incarceration up to and including life imprisonment and imposition of substantial monetary fines.

Federal Student Financial Aid Penalties for Drug Law Violations

As prescribed in section 484(r) of the Higher Education Act, a student who, during a period of enrollment for which the student is receiving any federal grant, loan, or work assistance, is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance will not be eligible to receive any additional grant, loan, or work assistance from the date of that conviction for the period of time specified in the following table:

	Sale of Illegal Drugs	Possession of Illegal Drugs
1st offense	1 year from date of conviction	2 years from date of conviction
2nd offense	2 years from date of conviction	Indefinite period
3+ offenses	Indefinite period	Indefinite period

(If the student was convicted of both possessing and selling illegal drugs, and the periods of ineligibility are different, the student will be ineligible for the longer period.)

Students denied eligibility for an indefinite period can regain it only after successfully completing an approved rehabilitation program or if a conviction is reversed, set aside, or removed from the student's record so that fewer than two convictions for sale or three convictions for possession remain on the record. In such cases, the nature and dates of the remaining convictions will determine when the student regains eligibility.

If a VWU student is convicted of a drug offense after receiving Federal aid, the student must notify the Financial Aid Office immediately. If a student has been convicted of a drug offense while

applying to receive Title IV Federal financial aid, they are required to report the conviction on item number 23 of the FAFSA.

Notification to all Employees

On an annual basis, the University will notify employees in writing that the University shall be free of the unlawful manufacture, distribution, dispensation, possession and/or use of illegal and controlled drugs, that the employees of the University must maintain a drug free environment as a condition of continued employment, and that violators shall be subject to disciplinary action pursuant to the appropriate procedures.


Federal and Commonwealth of Virginia Contract or Grants

Pursuant to the Drug-Free Workplace Act of 1988 and the Federal Acquisition Regulations System, in addition to the other requirements of this policy, the University requires that employees directly engaged in the performance of work on a Federal or Commonwealth of Virginia contract or grant report any conviction under a criminal drug statute for violations occurring on or off campus or while conducting University business. A report of a conviction must be made to Human Resources within five (5) days after the conviction. The University is obligated to notify the appropriate contracting agency in writing within ten (10) days of receipt of notice of an employee conviction. Within 30 calendar days of learning about an employee's conviction, the University must either, take appropriate personnel action against the employee, up to and including termination or require the employee to participate satisfactorily in a drug assistance or rehabilitation program approved for these purposes by Federal, State or Local health, law enforcement, or other appropriate agency.

V. Related Policies

HR 8.3 Post Hire Criminal Convictions Reporting

HR 9.2 Tobacco Use

	Policy Title: Tobacco Use Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 9.2
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Tobacco Use

I. Purpose

The purpose of this policy is to assist in the creation of a healthy and comfortable environment for all students, employees, visitors, and any other members of the University community.

II. Scope/Applicability

All members of the University community.

III. Definitions/Key Terms

Tobacco: any lighted or unlighted cigarette (clove, bidis, kreteks), cigars, cigarillos, pipes, and any other smoking product. This also includes smokeless, spit or spitless, dissolvable, or inhaled tobacco products, including but not limited to: dip, chew, snuff or snus, in any form (orbs, sticks, pellet, etc.). Nicotine products not approved by the Food and Drug Administration (FDA) as a smoking cessation product, such as e-cigarettes, are also prohibited.

IV. Policy

Virginia Wesleyan University acknowledges and supports the findings of the Surgeon General that tobacco use in any form, active and passive, is a significant health hazard. Virginia Wesleyan further recognizes that tobacco smoke has been classified as a Class-A carcinogen.

The American College Health Association has adopted a NO TOBACCO USE policy and encourages colleges and universities to be diligent in their efforts to achieve a 100% indoor and outdoor campus-wide tobacco-free environment.

In light of these health risks and recommendations, and in support of a safe and healthy learning and working environment, Virginia Wesleyan has implemented the following tobacco use campus policy.

Virginia Wesleyan University prohibits smoking, including e-cigarettes, vaping, and the use or sale of smokeless tobacco inside all buildings on campus to include classrooms and administrative buildings, residential facilities, dining areas, athletic facilities, and University-owned vehicles.

Smoking and vaping is prohibited within 25 feet of the outside of any building to prevent non-smokers from having to move through the vapors. Smoking should be done in areas that prevent smoke and e-cigarette vapors from entering through entrances, windows, ventilation systems, or other means. Designated smoking areas may be established as warranted.

All tobacco products (including e-cigarettes and smokeless) are prohibited in all indoor campus facilities.

All Virginia Wesleyan University staff, faculty and students are responsible for compliance and for advising visitors of the policy.

Violations will be handled like other work rules or policy violations.

Exceptions


Nicotine replacement products approved by the FDA (patches, gum, etc.) are allowed on campus to support those in the process of quitting.

This policy does not apply to the practice of cultural activities by American Indians that are in accordance with the American Indian Religious Freedom Act, 42 USC, sections 1996 and 1996a. All ceremonial use exceptions must be approved in advance by the Facilities/ Operations Office.

V. Related Policies

HR 9.1 Drug and Alcohol-Free Workplace

HR 9.3 Work-Related Accidents and Illnesses

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Work-Related Accidents and Illnesses Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 9.3
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Work-Related Accidents and Illnesses

I. Purpose

The purpose of this policy is to establish a process for the reporting of workplace injuries and illnesses.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Occupational Disease: means a disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment.

Work Related Injury or Illness: an injury or illness that occurs on the job to an eligible employee for which benefits are awarded and payable by Workers' Compensation.

Worker's Compensation: a program of compensation insurance that pays benefits to an employee who experiences a job-related injury.

IV. Policy

Virginia Wesleyan University is committed to providing a safe and healthy workplace environment and adheres to the requirements of federal and state law and regulations relating to workplace and environmental health and safety.

It is the responsibility of each employee to conduct their work activities in a manner that will not adversely impact themselves, others, the surrounding community, University property, or the environment. In addition to personal conduct, it is expected that individuals will familiarize themselves with the relevant environmental health and safety policies and procedures related to their work or activities on campus.

All University employees have the right and obligation to report work-related injuries, illnesses, occupational diseases and environmental health and safety concerns. The University will not discharge, or otherwise discriminate or retaliate against any employee for raising a safety or health concern, or for reporting work-related injuries, illnesses, or occupational diseases.

For more on an employee's rights under OSHA, click [here](#).

Incident Reporting and Medical Attention

Employees must report workplace accidents, illnesses, and occupational diseases in accordance with the following procedure:

- Notify the appropriate supervisor and Human Resources of the injury, illness, or disease **immediately**, or no later than 24 hours from the occurrence, even if it does not seem serious.
- If medical treatment is sought, retain appropriate records.

This written report is mandatory, even for minor injuries, to ensure the right to compensation and insurance payments. Failure to report a work-related incident may result in a delay or rejection of benefits.

For work-related incidents that threaten the life and limb of the employee, or that otherwise render the employee non-ambulatory, the supervisor or Campus Security must call 911 immediately. For other work-related injuries, the employee will be transported to the nearest hospital as needed.

It is the supervisor's responsibility to alert Human Resources, as soon as possible, that a work-related injury or illness has occurred. Human Resources will complete the *Employer's First Report of Injury* and forward it to the insurance company for processing, if appropriate, or to the Office of Finance and Administration for payment.

If released from the doctor but then have future problems possibly related to the workplace injury/illness, contact the appropriate supervisor and/or Human Resources before seeking further medical treatment.

In addition to work-related accidents, illnesses, and occupational diseases, employees must report potential safety hazard and health and safety related issues immediately to the employee's supervisor.

Reporting to OSHA

In the event of a death of an employee as a result of a work-related incident, or of the in-patient hospitalization of one or more employees as a result of a work-related incident, or of an employee's amputation or of an employee's loss of an eye as a result of a work-related incident, Human Resources will notify OSHA of the incident within the timeframes prescribed under 29 C.F.R. § 1904.39 (within 8 hours after the death of an employee as a result of a work-related incident and within 24 hours after the employee's in-patient hospitalization, amputation, or loss of an eye as a result of a work-related incident).

Incident Investigation

Human Resources will conduct an investigation to determine and/or verify the facts, basic causes, and extenuating circumstances involved in a work-related injury, illness, or occupational disease.

The findings of the investigation will be used by the University to abate any hazards and to prevent future incidents.

Record Keeping and Incident Tracking

1. Human Resources will report work-related incidents to the Workers' Compensation Insurance Carrier.
2. The Director of Human Resources will note any recordable injury or illness on the OSHA 300, 300A, and 301 Logs.
3. On an annual basis, Human Resources will review any potential trends based on reported incidents of work-related injuries and illnesses.

Return to Work / Light Duty Program

The University provides a light duty program for all employees who sustain a workplace injury or illness. Where available, the University will provide a modified or light-duty assignment to an employee with an approved workers' compensation claim, once the employee has been cleared to temporary modified/restricted work by a licensed medical professional. Placement into a light-duty position is on a temporary basis.

The approval of a modified or light-duty assignment is optional, and the offer may be modified or ended at any time in accordance with the operational needs of the University, even if the employee's physician has not released the employee to regular duty. A modified or light-duty assignment may consist of any tasks, full-time or part-time, in an employee's position that the employee is qualified to perform when unable to perform regularly assigned duties. An employee who is working a modified or light-duty assignment will be held to the same standards of accountability for performance and conduct standards as an employee on regular duty. While performing a modified or light-duty assignment, the employee is responsible for adhering to restrictions imposed by the employee's treating physician and may not exceed those restrictions until released by the doctor. It is also the employee's responsibility to immediately inform Human Resources of any changes made to the employee's work capacity while working a modified or light-duty assignment. If the employee is unable to return to work without restrictions at the end of the modified or light-duty assignment, the employee may be placed on the appropriate leave.

If a modified or light-duty assignment is offered by the University, an employee's refusal to accept the offer of light duty may affect the employee's right to workers' compensation benefits and will be determined by the third-party administrator.

An injured employee who sustains a workplace injury or illness is responsible for immediately notifying the employee's supervisor and Human Resources once the employee's treating physician releases the employee to perform any type of modified or light-duty work. The employee's notice must include a signed, written copy of the modifications/light-duty restrictions from the employee's treating physician. Upon receipt of the treating physician's written documentation, Human Resources will coordinate with the employee's supervisor to determine if a modified or light-duty assignment is available. If such a position exists, the employee will be contacted by the supervisor and expected to return to work on the next scheduled business day. Upon return, the employee will be restricted to performing duties consistent with the

modifications/light-duty restrictions identified by the employee's treating physician. The employee will not be permitted to work outside the prescribed restrictions until cleared to do so by the employee's treating physician. The employee's supervisor is responsible for monitoring the tasks being completed by the employee to ensure that the employee is working within their prescribed restrictions.


If a modified or light-duty assignment is not available, the employee will be continued on workers' compensation leave, family and medical leave and/or long-term disability as applicable. Should a light duty assignment become available prior to a change in the employee's work capacity, the employee will be notified by either the supervisor or Human Resources and will be expected to return to work on the next business day.

V. Related Policies

HR 6.3 Federal and State Mandated Benefits

HR 9.4 Exposure Control Plan for Blood Borne Pathogens

HR 9.4 Exposure Control Plan for Blood Borne Pathogens

 VIRGINIA WESLEYAN UNIVERSITY	Policy Title: Exposure Control Plan for Blood Borne Pathogens Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No: HR 9.4
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Exposure Control Plan for Blood Borne Pathogens

I. Purpose

The OSHA/VOSH 1910.1030 Blood Borne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure at Virginia Wesleyan University to blood or other potentially infectious materials as detailed in this standard.

II. Scope/Applicability

All University employees who are exposed to blood and other potentially infectious materials as a part of their job duties.

III. Definitions/Key Terms

See 29 CFR Part 1910.1030

IV. Policy

The University's Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens and other potentially infectious materials in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the University in implementing and ensuring compliance with the standard, thereby protecting the entire campus community. The University's ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control including:
 - Universal precautions.
 - Engineering and work practice controls.
 - Personal protective equipment.
 - Housekeeping.
- Hepatitis B vaccination.
- Post-exposure evaluation and follow up.
- Communication of hazards to employees and training.
- Recordkeeping.
- Procedures for evaluating circumstance surrounding exposure incidents.

Exposure Determination

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (see list below) are included in this Exposure Control Plan. Exposure determination is made without regard to the use of personal protective equipment - employees are considered to be exposed even if they wear personal protective equipment.

Other Potentially Infectious Materials

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Pleural fluid
- Pericardial fluid
- Amniotic fluid
- Any bodily fluid visibly contaminated with blood other than saliva in dental procedures
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV/HBV containing cell or tissue
- Blood, organs, or other tissues from experimental animals infected with HIV or HBV

At Virginia Wesleyan University employees in the following job classifications are included in this category:

- Intercollegiate Athletics, Sports Medicine, and Health Services
- Facilities Management
- Residence Life
- Campus Security
- Faculty working in a laboratory or in the field

Compliance Methods

Listed below is a summary of the compliance methods in place at the University. Controls will be examined and maintained on a regular schedule.

Universal Precautions will be observed at Virginia Wesleyan University in order to prevent contact with blood or other potentially infectious materials. This means that all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood.

Engineering and Work Practice Controls shall be used to eliminate or minimize employee exposure. All control procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. The control methods which will be employed at VWU to accomplish this goal are the use of puncture resistant sharps containers and biohazard garbage containers, as well as those listed immediately below. Where occupational exposure remains after implementation of these

controls, personal protective equipment shall also be utilized. Controls will be examined and maintained on a regular schedule.

Tags/labels that comply with 29 CFR 1910.145(f) shall be used to identify the presence of an actual or potential biological hazard. The tags shall contain the word "BIOHAZARD" or the biological hazard symbol and shall state the specific hazardous condition or the instructions to be communicated. The word/message shall be understandable to all employees who may be exposed to the identified hazard. The tags/labels may be an integral part of the container, or may be affixed as close as safely possible to the hazard by string, wire, or adhesive. This is to prevent loss or unintentional removal. VWU may substitute red bags or red containers for labels on containers of infectious waste. All appropriate employees shall be informed of the meaning of the labels/tags.

Hand washing is a primary infection control measure. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes become exposed, the skin in these areas shall be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible.

Sharps such as used needles, shall not be bent, recapped, broken, resheathed by hand. Sharps containers must be closable, puncture resistant, labeled or color-coded, leak proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. In the Office of Student Health, the sharps container is located in the treatment room. In Security, a sharps container is located in the training room. In TowneBank Arena, a sharps container is located in the athletic trainers' office. Contaminated disposable sharps are to be discarded, as soon as possible after use, in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers. Broken glass which may be contaminated is to be cleaned up with something other than the hands, i.e. brush and dust pan, or tongs. A blood borne pathogen disposal kit will be located in each building on campus. Location of kits will be clearly marked. As soon as possible after use, reusable contaminated sharps are to be placed in the reusable sharps container until properly processed. Nearly full sharps containers are to be promptly disposed of (or emptied and decontaminated in the case of reusable sharps) and replaced. This is to prevent the hazard of overfilling of sharps containers. The Student Health Services staff is solely responsible for maintaining the sharps containers.

Personal Protective Equipment is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials. Virginia Wesleyan University will provide, repair, clean, and dispose of appropriate personal protective equipment based on the anticipated exposure to blood or other potentially infectious materials. This equipment shall be provided and readily available in a variety of sizes as needed at no cost to the employee. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin,

eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. A container for this purpose is located in each appropriate department. Protective equipment will be provided to employees through their individual department by the department head or their designee who is responsible for its distribution. Protective equipment is to be worn whenever there is a risk of exposure.

Work Area Restrictions: In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees and students are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present. In addition, mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited in these work areas.

Housekeeping: Virginia Wesleyan University will ensure that the campus and campus buildings are maintained in a clean and sanitary condition. The written Housekeeping procedure guide is located in the Housekeeping Policy and Procedure Manual within Facilities Management. All contaminated surfaces will be decontaminated as soon as feasible. The Housekeeping staff is to wear appropriate Personal Protective Equipment while carrying out their duties.

Gloves shall be worn when it can reasonably be anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for re-use. These gloves are to be replaced as soon as feasible when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Laundry workers shall wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood or other potentially infectious materials during handling of linen. Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible and with a minimum of agitation. Contaminated laundry shall be bagged and tagged at the location(s) where it was used. This policy applies to all who handle laundry, including Athletics staff, Sports Medicine staff, etc.

Waste Containers: Any of the substances listed above must be placed in containers that can be closed and are constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Regulated medical waste receptacles used to collect daily waste at work sites must be plastic, leak-proof containers with lids, lined with a red bag. Waste that is sent off campus for disposal is placed in cardboard boxes with red polyethylene bag liners or carts. Containers must be closed to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the

outside of the container becomes contaminated, it is to be placed in a second container that has the same characteristics as the initial container. Waste is disposed of by a commercial contractor. Waste that has been treated is no longer regulated and may be handled as solid waste (trash) after it is labeled appropriately.

Specimens: Specimens of blood or other potentially infectious materials will be placed in leak-proof containers during collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be red in color in accordance with the requirements of the OSHA standard. (Note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility.) Universal precautions will be observed at all times. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. Sharps containers, all contaminated equipment, and all specimens are placed in a red bag that is placed in an appropriately labeled box. These are disposed of through collection by a qualified medical waste disposal service. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment: Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Hepatitis B Vaccination and Declination Procedure

The hepatitis B vaccine shall be offered, at no cost, to all employees of Security and Student Health Services whose jobs involve the risk of directly contacting blood or other potentially infectious materials (please see Exposure Determination). The vaccines will be offered within 10 working days of their initial assignment as an employee in an at-risk category unless the employee has previously had the vaccine or wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline one or both of the vaccines will sign a waiver.

Employees who initially decline one or both of the vaccines, but who later wish to have it/them may then have the vaccine(s) provided at no cost to the employee. Human Resources is responsible for assuring that the vaccine(s) is offered to appropriate employees and that appropriate forms are signed.

Occupational Exposure Procedure

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employees who experience an exposure incident are to immediately report their exposure to their Department Head. The Department Head will inform the Student Health Services and Human Resources of the exposure within 24 hours. When an employee reports an exposure incident, they will immediately be offered a confidential medical evaluation and follow-up including:

- Documentation of the route(s) of exposure, and the circumstances occurred; under which the exposure incident.
- Identification and documentation of the source individual unless identification is not feasible.
- An offer to collect a blood sample from the exposed employee as soon as possible after the exposure incident for determination of HIV and/or HBV status; If the employee consents to baseline blood collection, but does not give consent to HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the sample tested, such testing shall be done as soon as feasible.
- An offer to repeat HIV testing to the exposed employee six weeks post- exposure and again at 12 weeks and six months after exposure.
- Counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

If the status of the source individual's blood is unknown, the individual's blood will be tested as soon as feasible after consent is obtained.

After an exposure, the following information will be provided to the healthcare professional who is evaluating the employee:

- A copy of 1910.1030 blood borne pathogens standard.
- A description of the exposed employee's duties as they relate to the exposure incident.
- The documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.
- A written opinion by the health care professional shall be obtained whenever an employee is sent for a post exposure incident.
- Virginia Wesleyan University shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:
 - Whether the Hepatitis B vaccine is indicated.
 - The employee has been informed of the results of the evaluation.
 - The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

Review of Incident

The University, under the direction of the Vice President for Finance, will review circumstances of the exposure incident, as the incidents occur, and annually to determine what engineering controls were used at the time, what work practices were followed, what devices were being used, what PPE was used, the location of the incident, procedure being performed when the incident occurred and what training the employee had.

The employee's department head will be responsible to keep the Sharps Log to document occupational exposures related to needle sticks and other sharps.

If, after review by the Vice President for Finance, any revisions to the ECP are warranted, those revisions will be made and communicated to all supervisors and employees with a risk of exposure.

Recordkeeping

Virginia Wesleyan University shall track each employee's reported exposure incident to blood and/or other potentially infectious materials. Such documentation shall be kept in the employee's health file, separate from the personnel file, with Human Resources. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. Such medical record shall include the following:

- Name and social security number of the employee.
- A copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of the employee's COVID-19 vaccination status with dates of COVID-19 vaccinations including booster and any medical records relative to the employee's ability to receive vaccination,
- A copy of examination results, medical testing, and any follow-up procedures.
- A copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional who evaluated the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

The employee's medical record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.

Needlestick injuries shall be included on the OSHA 200 occupational injury and illness log if medical treatment is prescribed and administered by a licensed medical professional.

HBV and/or HIV shall be recorded on the OSHA 200 log if the illness can be traced back to an injury or other exposure incident.

Training and Education of Employees

Employees will be trained regarding blood borne pathogens at the time of initial assignment to tasks where exposure may occur and annually thereafter. Training will take place during work hours.

Additional training will be provided whenever there are changes in tasks or procedures which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer.

The director of areas where exposure is possible should arrange for training in their areas. The following will be included in the training:

- Explanation of the blood borne pathogens standard.
- General explanation of the epidemiology, modes of transmission, and symptoms of blood borne diseases.
- Explanation of this Infection Control Plan and how it will be implemented.
- Procedures which may expose employees to blood or other potentially infectious materials.
- Control methods that will be used at VWU to prevent/reduce the risk of exposure to blood or other potentially infectious materials.
- Explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccination program including the benefits and safety of vaccination.
- Information on procedures to use in an emergency involving blood or other potentially infectious materials.
- What procedure to follow if an exposure incident occurs including the method of reporting the incident.
- Explanation of post-exposure evaluation and follow-up procedures.
- An explanation of warning labels and/or color coding.
- Location of disposal kits.

Training records will be maintained for at least three years from the date on which the training occurred. The following information will be included in these records:

- Dates of training sessions.
- Contents or a summary of the training sessions,
- Names and qualifications of trainer(s),
- Names and job titles of all persons attending.


Exposure Control Plan Review

The Vice President for Finance will annually review and update this plan. Any changes in the plan will be presented to employees during annual training or sooner as new information regarding workplace safety becomes available.

V. Related Policies

HR 9.3 Work-Related Accidents and Illnesses

HR 9.5: Chemical Management Policies and Procedures

	Policy Title: Chemical Management Policies and Procedures Approved by: Vice President for Academic Affairs Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: HR 9.5
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Chemical Management Policies and Procedures

I. Purpose

The purpose of this policy is to provide general guidance on how to work safely with chemicals that have been designated as “particularly hazardous” by VA/OSHA. It describes the minimum requirements for the safe storage, use, handling, and disposal of particularly hazardous substances, including spill and accident response procedures. Particularly hazardous substances are defined by VA/OSHA as: reproductive toxins, acutely toxic substances and select carcinogens, which include regulated carcinogens.

II. Scope/Applicability

This policy is applicable to, and must be adhered to by, all VWU laboratory workers (i.e., Principal Investigators, laboratory personnel, students, visiting researchers, etc.) who use or work with particularly hazardous substances. Careful handling and stringent controls of these chemicals are essential to protect workers and the environment, and to comply with VA/OSHA regulations. Additional safety requirements may apply, depending on the specific chemical. For example, carcinogens that are also highly flammable require both particularly hazardous substance controls as well as fire safety controls. Contact the Department of Chemistry and Biochemistry Chair for guidance on use of chemicals that may require further controls. Information and guidance on handling of particularly hazardous substances can also be found in VWU’s Chemical Hygiene Plan.

III. Definitions/Key Terms

See Appendix II.

IV. Policy

Responsibilities

Preventing workplace injuries, exposures, and illnesses is the responsibility of every member of the campus community. Specific responsibilities are assigned to more senior members of the research and teaching community in order to implement, and ensure compliance with this Policy by their subordinate personnel.

The President has overall responsibility for compliance with health and safety requirements at all facilities and programs under campus control.

The Provost/Vice President for Academic Affairs (Vice PresidentAA) is responsible for the implementation of this Policy in all applicable research and teaching laboratories within his or her jurisdiction.

The VWU Laboratory Safety Committee (LSC) has a broad oversight role in overseeing research activities and is responsible for promoting a safe working environment in all research and teaching laboratories on campus, and for developing, updating and maintaining policies applicable to the health and safety of laboratory work.

Department Chairpersons are responsible for communicating, promoting and enforcing this Policy in their respective research and teaching areas.

Faculty and staff are responsible for complying with this Policy and ensuring their laboratory personnel receive appropriate training and comply with this Policy as it relates to their research and teaching activities.

All Laboratory Personnel working in laboratory areas are responsible for following laboratory safety requirements, including how to work safely with substances designated as particularly hazardous.

The VWU Campus Security is responsible for inspection of laboratories and for campus compliance with this Policy. In cases where laboratory activities pose an immediate danger to life or health, designated Campus Security staff have the responsibility and authority to order the temporary cessation of the activity until the hazardous condition is abated.

The VWU Chemical Hygiene Officer (CHO), also referred to as the Chemical Safety Officer, is responsible for facilitating necessary reviews of procedures that involve the use of hazardous chemicals. The reviews of procedures should primarily be provided by subject experts as part of a departmental safety committee. The CHO, with the support of other LSC and Campus Security Safety Experts, will support, and assist in the organization of, and provide annual oversight for this process.

Material Requestor is responsible for ensuring all provisions of this policy are followed when requesting and procuring chemicals.

Authorized Individuals are responsible for reviewing all chemical requisitions to ensure applicable compliance issues are addressed prior to purchase. If an authorized individual has concerns about a request, the concern must be resolved with the requestor as soon as possible. The Authorized individual will indicate in the text field on the requisition if a Safety Data Sheet (SDS) is required from the material supplier.

Purchasing monitors chemical requisitions and ensures the approval of authorized individuals is obtained prior to purchase.

LABORATORY SAFETY REQUIREMENTS & PROCEDURES

A. Laboratory Specific Standard Operating Procedures

1. Individual laboratory groups must prepare and maintain laboratory-specific standard operating procedures (SOP) for identifying hazards and handling methods to avoid exposure to particularly hazardous substances. The procedures must indicate the designated use areas, limitations on the quantities and procedures used, information on containments, and information on hazards involved. These procedures may be specific to particular substances or generalized over a group of chemicals with similar hazardous properties and use limitations. Chemical-specific procedures must be developed for each VA/OSHA regulated carcinogen and procedures should be developed for reproductive toxins, acutely toxic materials, and select carcinogens. The Department of Chemistry and Biochemistry Chair can provide additional guidance for specific chemical hazards.
2. A copy of the particularly hazardous substances procedures, including laboratory specific information, and the Safety Data Sheets (SDS) for the chemical(s) used must be readily accessible in the lab.
3. Campus Security must be notified immediately at 757-233-8888 (on campus x 8888) if members of the laboratory become ill or exhibit signs or symptoms associated with exposure to hazardous chemicals used in the laboratory. Affected employees must be provided immediate first aid and medical surveillance within 24-hours of the event.
4. Principal Investigators must identify what classes of particularly hazardous substances are in use in their labs as conditions change in the laboratory, or at least once each calendar year.

B. Training and Documentation

1. All laboratory personnel who work with or may be exposed to particularly hazardous substances must be provided laboratory-specific training and information by the Principal Investigator or their designee prior to beginning their initial assignment. Laboratory-specific training should cover specific policies and procedures, etc. and is in addition to the basics covered in the Laboratory Safety Fundamental Concepts training. Records of laboratory-specific training must be maintained in the laboratory and should include an outline of the topics covered. Training shall include:
 - The hazards/toxicological effects associated with the chemicals being used.
 - Routine procedures and decontamination methods.
 - Emergency response practices and procedures.
 - Methods and observations for detecting the presence or release of hazardous chemicals.
 - Available protection measures, including appropriate work practices and personal protective equipment (PPE).
 - A review of written SOP and SDSs and the Chemical Hygiene Plan (CHP).
 - A review of this Policy.
2. All laboratory personnel are responsible for knowing and complying with all safety guidelines, regulations, and procedures required for the task assigned and for reporting unsafe conditions, accidents or near misses to the Principal Investigator, immediate laboratory management staff or Campus Security.

3. Continuing training shall be conducted as needed to maintain a working knowledge of hazards and the safety requirements for all laboratory personnel who work with particularly hazardous substances, including an annual refresher for particularly hazardous substances. Written records must be maintained for each training session.

C. Use in Designated Areas

1. Designated area(s) for use of particularly hazardous substances must be formally established by developing SOPs and posting appropriate signage. This designated area(s) may be an entire laboratory, a specific work bench, or a chemical fume hood. When particularly hazardous substances are in use, access to the designated area shall be limited to personnel following appropriate procedures and who are trained in working with these chemicals.
2. Access to areas where particularly hazardous substances are used or stored must be controlled by trained employees. Working quantities of particularly hazardous substances should be kept as small as practical and their use should be physically contained as much as possible, usually within a laboratory fume hood or glove box. It is the responsibility of each Principal Investigator, or their designee, to train and authorize their staff for these operations and to maintain documentation of this training and authorization.
3. Signage is required for all containers, designated work areas and storage locations. Sign wording must state the following as appropriate for the specific chemical hazard:
 - “DANGER, CANCER HAZARD – SUSPECT AGENT”
 - “DANGER, CANCER HAZARD – REGULATED CARCINOGEN”
 - “DANGER, REPRODUCTIVE TOXIN”
 - “DANGER, ACUTE TOXIN”

Entrances to designated work areas and storage locations must include signage, “AUTHORIZED PERSONNEL ONLY”, in addition to the above specific hazard warning wording. Signage templates can be obtained from the VWU Department of Chemistry and Biochemistry.

4. Work surfaces should be stainless steel, plastic trays, dry absorbent plastic backed paper, chemically resistant epoxy surfaces, or other chemically impervious material.
5. Chemicals should be stored in appropriate cabinets or rooms for storage of corrosive, flammable, reactive or toxic materials. Cabinets or rooms must be labeled to indicate the type of materials stored within. Typical storage considerations may include temperature, ignition control, ventilation, segregation and identification.
6. Protocols, procedures, and experiments must be designed and performed in a manner to safely maintain control of the particularly hazardous substances. Laboratory personnel must specifically consult with their Principal Investigators if a special hazard is involved (e.g., material under pressure) or if they are uncertain of the potential hazards.

D. Personal Protective Equipment (PPE)

1. PPE must be sufficient to protect eyes and skin from contact with the hazardous agents. At minimum, safety glasses, lab coat, long pants, closed toe shoes, and gloves are required

when working with particularly hazardous substances. Goggles may be required for processes in which a splash or spray hazard may exist and flame-resistant lab coats may be required if the chemicals being used are flammable.

2. Refer to the specific chemical's SDS and SOP for specific information on additional PPE and glove selection.
3. Contaminated PPE and clothing must be disposed of or decontaminated prior to removal from the designated work area. While small spots of contamination may be cleaned in the lab, grossly contaminated lab coats may need to be disposed of as dry hazardous waste.

E. Engineering Controls

1. Benchtop work with particularly hazardous substances should be avoided whenever practical in favor of contained systems (such as fume hoods or glove boxes) and is not permitted if there is a reasonable likelihood of workers exceeding regulatory exposure limits. For questions regarding exposure limits and for assistance in conducting a hazard assessment for uncontained procedures, contact the Department of Chemistry and Biochemistry Chair.
2. Laboratories and rooms where particularly hazardous substances are used outside of containment systems must have general room ventilation that is maintained at negative pressure with respect to public areas. Air from these ventilation systems must be vented externally; recirculation is not permitted. Doors providing access from public areas must be kept closed.

F. Special Handling & Storage Requirements

1. Particularly hazardous substances must be stored in a designated area and used in a manner that will minimize the risk of accidental release (e.g., capped tightly, use of chemical resistant secondary containment, whenever possible). Laboratory personnel should remove chemicals from storage only as needed and return them to storage as soon as practical.
2. Chemicals should be segregated from incompatible materials, as described in the VWU Chemical Hygiene Plan. The use of particularly hazardous substances must be confined to an established designated area (see C. Use in Designated Areas, above).
3. Additional requirements for the safe storage of a specific chemical may be found in the manufacturer's instructions or in the SDS.
4. When transporting chemicals beyond the immediate laboratory environment, containers should be protected from breakage by using a bottle carrier or other effective containment.
5. Contact the Department of Chemistry and Biochemistry Chair for guidance on the planned use of chemicals that may require further controls.

G. Spill & Accident Procedures

1. Immediate measures must be available to prevent the possible spread of contamination in the event of a small spill of a particularly hazardous substance. Absorbent materials and clean up materials should be available in all laboratories sufficient to contain and decontaminate individuals and equipment and areas. Any known spills must be contained

and decontaminated as soon as possible. In the event of a large spill that is beyond a laboratory group's immediate response capabilities, the following procedures should be followed:

- Evacuate the area immediately.
 - Restrict access to the affected areas to emergency responders and post signage and barriers as needed to prevent unauthorized entry.
 - Contact Campus Security immediately for response and remediation. Call x8888 from a campus phone, or 757.233.8888 from a cell phone (to Campus Security) as needed.
2. In the event of direct skin contact with a particularly hazardous substance, the affected person must shower or flush the affected areas for a minimum of 15 minutes. Whenever personal contamination occurs, the event must be reported to Campus Security at (757.233.8888) and an incident report will be completed and maintained by Campus Security.
 3. If the spill involves acutely toxic materials, the spill should be treated as a large spill if there is any doubt about the group's ability to safely mitigate the spill.
 4. If the spill involves regulated carcinogens, a Report of Use may need to be filed (see J. Regulated Carcinogens and Report of Use Requirements, below).

H. Routine Decontamination Procedures

1. To limit the spread of contamination, laboratory work surfaces should be decontaminated at the conclusion of each procedure and at the end of each day on which particularly hazardous substances are used.
2. All equipment should be decontaminated before removing it from the designated area; this decontamination should be carried out in a glove box or fume hood where practical.
3. Contaminated PPE must not be removed from the designated area until properly decontaminated; refer to the VWU Chemical Hygiene Plan for guidance on the cleaning of protective apparel and other PPE. After working with these chemicals, gloves must immediately be removed and disposed of as hazardous waste and hands and arms washed with soap and water.

I. Waste Disposal Procedures

1. Disposal of waste materials that include particularly hazardous substances must comply with the hazardous chemical waste disposal procedures found in the Laboratory Safety Manual.
2. In addition to general hazardous waste labeling requirements, waste containers containing particularly hazardous substances must also be labeled as appropriate for the specific chemical hazard:

"DANGER, CANCER HAZARD – SUSPECT AGENT"

"DANGER, CANCER HAZARD – REGULATED CARCINOGEN"

"DANGER, REPRODUCTIVE TOXIN"

"DANGER, ACUTE TOXIN"

Signage templates can be obtained from the Department of Chemistry and Biochemistry.

3. All non-radio active chemical waste must be disposed of through the VWU Hazardous Chemical Waste Program. Mixed wastes of hazardous chemicals and radioactive material are disposed of through the Department of Chemistry and Biochemistry. Due to regulatory restrictions and the high cost of disposal, the Department of Chemistry and Biochemistry Chair and Dean of the Joan P. Brock School of Mathematics and Natural Sciences should be contacted prior to producing mixed wastes.

J. Regulated Carcinogens and Report of Use Requirements

1. Regulated carcinogens are a specific subset of select carcinogens which have special additional requirements associated with their use under certain circumstances. See Attachment B for the specific list. Facilities Management maintains an air sampling program to monitor individuals to determine if they are, or may reasonably be expected to, exceed short or long term exposure limits. Every effort should be made to keep exposure levels below these limits by using fume hoods, limiting the quantities used, and following SOP designed to reduce exposure. If levels cannot be kept below these levels, additional requirements may include:
 - Required medical evaluations.
 - Additional documented training.
 - Use of respirators with required initial and ongoing training, medical evaluations, and maintenance documentation.
 - Additional documented hazard evaluations.
2. Listed carcinogens are a further subset of regulated carcinogens. See Attachment C for the specific list. The use of these materials must be registered with the Department of Chemistry and Biochemistry. An evaluation will be completed to assess safety requirements for groups that use these materials.
3. Report of Use Requirements must be met for each group when they
 - Begin the use of, or make significant changes to existing use of any listed carcinogen.
 - Use regulated carcinogens such that there is a reasonable expectation that exposure limits may be exceeded.
 - In the event of an emergency in which employees have been exposed to any regulated carcinogen.

V. Related Policies

VWU Hazardous Chemical Waste Program

VI. SEE APPENDIX

II. Particularly Hazardous Substances Definitions

III. Regulated Carcinogens

IV. Listed Carcinogens

V. Requirements for Safe Chemical Storage

VI. Examples of Incompatible Chemicals


VII. Basic Chemical Segregation

VIII. Storage Time Limits for Common Peroxidizable Compounds

CAMPUS COMMUNITY POLICIES

CAMPUS AND FACILITIES

CF 1.1 Service and Emotional Support Animals

	Policy Title: Service and Emotional Support Animals Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: CF 1.1
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Service and Emotional Support Animals

I. Purpose

The purpose of this policy is to ensure that individuals with disabilities who require the use of Service Animal or Emotional Support Animal as a reasonable accommodation receive the benefit of the work or tasks performed by such animals or the therapeutic support they provide.

II. Scope/Applicability

All members of the University community.

III. Definitions/Key Terms

Emotional Support Animal: a domesticated animal that provide emotional support, well-being, or companionship that alleviates or mitigates symptoms of a disability in University setting, or as otherwise approved as a reasonable accommodation for other facilities and programs of the University. Emotional Support Animals are not considered Service Animals.

Individual with a Disability: An individual with a disability is a person who 1) has a physical or mental impairment that limits one or more major life activities or 2) has a record of such impairment or 3) is regarded as having such impairment (ADA definition).

Pet: an animal kept for ordinary use and companionship. A Pet is not considered a Service Animal or an Emotional Support Animal.

Reasonable Accommodation: Any modification or adjustment in policies, practices, procedures, or work/school/housing environment to enable a qualified individual with a disability to enjoy equal opportunities and access to University rights, privileges, benefits, and services.

Service Animal: any dog (or in some circumstances, a miniature horse) individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability.

Examples of work or tasks include, but are not limited to safely guiding individuals who are blind or have low vision to their destinations; alerting individuals who are deaf or have significant hearing loss to the presence of people or sounds; calming persons with Post Traumatic Stress Disorder (PTSD) during an anxiety attack; assisting individuals during a seizure; preventing or interrupting impulsive or destructive behaviors in persons with psychiatric or neurological disabilities; providing physical support and assistance with balance to individuals with mobility impairments; alerting individuals to the presence of allergens; pulling a wheelchair, opening a door, activating elevator buttons or retrieving items such as medicine or a telephone to help their owners.

Service Animals are considered working animals, not Pets, and are permitted in all areas of the campus except where their use may compromise the integrity of a program or research. Dogs and other animals whose sole function is to provide comfort or emotional support do not qualify as Service Animals.

IV. Policy

Virginia Wesleyan University is committed to providing full access to its programs, services, and facilities for all people, regardless of physical or other disability and/or other special needs. Virginia Wesleyan recognizes that the assistance of service or companion animals may be necessary for some individuals to gain access to programs, services, and facilities or to better manage their particular disability. Virginia Wesleyan also is mindful of the health and safety concerns of the campus community. The University seeks to balance the needs and rights of campus and community stakeholders in effectuating this policy on companion and service animal campus use.

This policy seeks to encourage information flow and dialogue as necessary to assure the best possible environment for animal users, animals, and other Virginia Wesleyan community members.

General Rule Regarding Animals on Campus

The University generally enforces a “no-pet” policy on campus, allowing only fish in aquariums that are 10 gallons or less. Exceptions are made for service animals and companion animals with appropriate documentation. Additionally, at University sponsored events to which animals are invited, it is expected that the animal be secured on a leash at all times.

Procedures

1. Employees seeking to use a service or companion animal at the University should complete the steps of this policy and the registration form with the Director of Human Resources. Proof that the animal is current on all required vaccinations must be submitted at the time of request and annually thereafter.
2. For service animals, a copy of the service animal ID card is required for the animal’s usage/ continuous presence on campus. (Guests on campus with service animals do not need to provide a copy of the ID card.)
3. For companion animals, requests will be considered on a case-by-case basis with the

following documentation:


- a. The credentials and contact information of the health care provider(s);
 - b. A diagnostic statement identifying the disability;
 - c. A description of the diagnostic methodology used;
 - d. A description of the current functional limitations;
 - e. A description of the expected progression or stability of the disability;
 - f. A description of current and past accommodations, services and/or medications;
 - g. Statement on how the animal serves as an accommodation for the verified disability;
 - h. Statement on how the need for the animal relates to the ability of the employee to perform the functions of their position.
4. The University reserves the right to ask follow-up questions and seek clarifying information, as necessary, upon review of the healthcare provider's statement. After receipt of the requesting party's registration form, the supervising Vice President and Director of Human Resources will consider the request; seek additional information, if necessary; and establish guidelines for the companion animal's presence on campus. Such guidelines may vary from user to user, depending on the needs being addressed by the animal.
5. The University will notify the requesting party, in writing, of its decision regarding the companion animal and any guidelines attending the animal's use. Should the requesting party wish to appeal or seek modification of the written decision, they should provide a written explanation to the Disability Awareness Committee ("Committee") to assist it in considering the appeal. Should a requesting party appeal a decision made by a current member of the Committee, that person will not participate in the Committee's deliberations with respect to the appeal. The Committee will consider the appeal on its merits, and seek clarifying information from the appealing party as well as the supervising Vice President and Director of Human Resources. The requesting party will be notified of the appeal decision in writing.
6. The user of the animal must be in full control and in the presence of the animal at all times when outside of the user's office setting and be secured on a leash.
7. All animals must be housebroken. The user is responsible for any necessary clean-up and any property damage caused by the animal. (The University may designate areas adjacent to residential settings where animals can excrete waste).
8. A service or comfort animal may be excluded from, or otherwise, limited in its access to a campus space if its presence creates an undue burden on the University, fundamentally alters the University's services, or poses a direct threat to the health and safety of others. Such exclusions might occur in commercial kitchen areas, laboratories, and/or other spaces. The university will discuss such potential exclusions with the animal's user. Where accommodations short of exclusion are reasonable, the university will consider alternate arrangements. Any decisions made under this section of this Policy will be made on a case-by-case, fact-specific basis.
9. Where a service or companion animal creates a conflict with another employee, such as by triggering allergies, biting, excessive barking, etc., the supervising Vice President and Director of Human Resources will collect information as to all concerns at hand and resolve the conflict consistent with the goals of this Policy and applicable law. A resolution may require the animal be removed from the campus.

The University reserves the right to exclude, or restrict use of, an animal where circumstances indicate that the animal is not an appropriate member of the campus community. To be clear, the University is committed to supporting users of service and companion animals, and any exclusion or restriction on the animal will be established after dialogue, gathering of information, and a decision by the supervising Vice President and Director of Human Resources that the animal's continued use is not a reasonable use under the guidance of this Policy and applicable law. In his or her decision-making, the supervising Vice President and Director of Human Resources will consider the use of the animal, the needs of non-users, the relative costs associated with the use or non-use of the animal, and any other relevant circumstances. If any person wishes to appeal a decision under this section of this policy, they should fill an appeal.

V. Related Policies

HR 3.17 Reasonable Accommodations for Disabilities in the Workplace

CF 1.2 Use of Drones on Campus

	Policy Title: Use of Drones on Campus Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: CF 1.2
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Use of Drones on Campus

I. Purpose

The purpose of this policy is to enforce compliance with the Federal Aviation Administration (FAA) laws and regulations.

II. Scope/Applicability

All University employees, students, and volunteers and other third-parties visiting campus.

III. Definitions/Key Terms

Unmanned Aircraft Systems (UAS): commonly known as a drone is an aircraft without a human pilot aboard, which include an Unmanned Aerial Vehicle, a ground-based controller, and a system of communications between the two. The operation of a drone is regulated by the Federal Aviation Administration (FAA).

IV. Policy

Given the University's proximity to Norfolk International Airport and in compliance with the Federal Aviation Administration's regulations regarding Unmanned Aerial Vehicles (UAVs), also known as drones, the University strictly prohibits the operation of these devices on or adjacent to campus. Virginia Wesleyan lies within the five-mile radius surrounding the airport and is also in the flight path for assessing and descending aircraft. Therefore, violators may also be subject to prosecution by federal authorities in addition to University disciplinary sanctions.

Exceptions to this policy only apply to professional pilots (Part 107 commercial certificate holders) operating in a contracted capacity coordinated by University officials. A request for permission for commercial operator use on or adjacent to campus must be submitted to the Office of the President at least three (3) weeks prior to the scheduled flight. The request must include the following information:

- Name, address and phone number of the company/individual making the request.
- Operator(s) name(s) and contact information.
- UAS model and serial number, weight, and dimensions (include a photo).
- Description of the operation.
- Geographical boundaries of the operation.
- Flight plan.
- Date of flight and duration.

- Certificate of insurance.
- FAA Certificate of Authorization/UAS Operator Certificate.


If permission is granted, the Office of the President will notify the University community at least 24 hours in advance of the flight. Notification will include the purpose of the flight, date, time, and duration. Approved commercial operators must abide by all FAA issued safety recommendations.

V. Related Policies

Not Applicable.

INFORMATION TECHNOLOGY

IT 7.1 Acceptable Use

	Policy Title: Acceptable Use Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.1
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Acceptable Use

I. Purpose

The purpose of this policy is to outline the appropriate uses of University information technology resources and information systems by authorized users.

II. Scope/Applicability

All authorized users of the University's information technology resources and information systems.

III. Definitions/Key Terms

Authorized Users: individuals authorized by an area vice president to access applicable information resources and systems that collect, process, maintain, use, share, disseminate, or dispose of University data.

Information Technology Resource: the physical and virtual assets, tools, and capabilities owned or leased by the University to manage, store, process, and communicate University data and information. This can include hardware devices (computers, mobile devices, servers, networking equipment, etc.), software applications, databases, cloud services, and other technological components that support the delivery of University services, products, or solutions.

Information System: refers to the hardware, software, networks, databases, applications and other technological components and resources used to store, process, transmit, and manage University data.

Restricted Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program, or office of the University in support of the University's mission.

IV. Policy

Access to University information technology systems and resources, including but not limited to computer systems and networks owned or operated by Virginia Wesleyan University, imposes certain responsibilities and obligations by faculty and staff, as well as students enrolled in classes. This access is granted subject to University policies, local, state, and federal laws. Systems and resources are provided primarily for academic use. Network usage for other activities such as personal communications, gaming, or entertainment may be prioritized to ensure that the University meets its academic goals.

Acceptable use is always ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of intellectual property, system security mechanisms and controls, pertinent laws, University contractual agreements, and individuals' rights to privacy and to freedom from intimidation and harassment. Violation of this or other policies as outlined in the Student, Faculty and VWU Policy and Procedure Handbooks may result in disciplinary action and/or the loss of network privileges. In addition, the obtaining or distributing of material protected under United States or international copyright laws using electronic, paper or other media without the proper permission is illegal and can result in the loss of library, network or other privileges and may also result in criminal prosecution by the responsible authorities.

Connecting a personal device to the Virginia Wesleyan University information system, including its network(s), either by direct Ethernet connection or via our wireless (802.11) network obligates the owner/user to comply with this "Acceptable Use" policy. By connecting a device (phone, computer, tablet, smart TV or gaming console) to the VWU network, the University will be able to monitor the usage and content of messages and web sites visited. Although the University does not routinely examine the content of these activities, it is constantly monitoring the overall usage of the network to improve the services to the community. Specific investigation of content may be done as directed by law and/or to protect the institution or individuals involved.

VWU Malbon Center for Technology reserves the right to limit or restrict the use of its information systems and resources based on institutional priorities and financial considerations, as well as when it is presented with evidence of a violation of University policies, contractual agreements, or state and federal laws.

Acceptable Use Guidelines

In making acceptable use of University information technology resources, authorized users must:

- Utilize such systems and resources in ways that do not interfere with or disrupt the normal operation of the system or resource.
- Respect the rights of other users, including their rights as set forth in other University policies for students and employees; these rights include but are not limited to privacy, freedom from harassment and discrimination, and freedom of expression.
- Protect the access and integrity of the university's information systems and resources, including knowing and adhering to all University information technology and data protection policies, controls, and standards. See IT 7.4 Classification of Data Policy.

- Utilize University information systems and resources in a manner consistent with applicable laws, regulations, University policies, and applicable licensing and contractual agreements.
- Safeguard University data and resources entrusted to them in accordance with the University's information security policies, standards and controls, including but not limited to protecting their username, password or any other related authenticator (i.e., access cryptographic keys, PIN, etc.) and system from unauthorized use. Authorized users are responsible for all activities by their username or that originate from their system.
- Access only information that is their own, that is publicly available, or to which they have been given authorized access.
- Use only legal versions of copyrighted software in compliance with vendor license requirements.
 - In compliance with the Higher Education Opportunity Act of 2008, the use of peer-to-peer (P2P) file sharing programs and applications for the unauthorized acquisition or distribution of copyrighted or licensed material via any University information system or resource is prohibited.
 - Installing P2P file sharing programs and applications commonly used for these illegal purposes on any University resource without the express written consent of IT Services is prohibited.
- Be considerate in the use of shared resources; network bandwidth, public printer paper, network storage, and lab computers.
- Refrain from monopolizing systems, overloading networks with excessive traffic, degrading services, or wasting computer time, disk space, printer paper, manuals, or other resources.

In making acceptable use of resources, authorized users must **NOT**:

- Connect any wired or wireless networking devices such as servers, access points, hubs, routers, switches, etc. to the VWU network or otherwise interfere with the proper functioning of the University wired or wireless networks.
- Use another person's system, files, or data without permission.
- Grant access to your VWU account or use another person's VWU account.
- Use or reveal someone else's name, username, password or any other related authenticator (i.e., access cryptographic keys, PIN, etc.).
- Use computer programs to decode passwords or access control/security information.
- Attempt to circumvent or subvert user authentication or system or network security measures or otherwise attempt to view or intercept data or network traffic not intended for their viewing or use.
- View, copy, disclose, or modify any University files or data that does not belong to them, or to which they do not have specific permission.
- Engage in any activity that might be purposefully harmful to systems or to any information stored thereon, such as creating or propagating viruses, disrupting services, damaging files or making unauthorized modifications to University data.
- Use University systems for commercial or personal purposes not related to the University's business operations, academic, research, and scholarly pursuits.

- Use University systems partisan political purposes, such as using electronic mail or University list service to circulate advertising for political candidates or ballot initiatives. See CC 1.4 Lobbying and Political Activities.
- Use University systems to borrow or use an internet protocol address assigned to another person or entity, create fraudulent IP addresses for a device the user owns or are using, or attempt to use with one device the IP address assigned to another the user owns or uses. Individuals may not operate a server that assigns, or attempts to control, IP addresses on the campus network or other applicable information system.
- Make or use illegal copies of copyrighted software, store such copies on University systems, or transmit them over University information systems.
- Use University systems or resources (e.g., mail or messaging services) to harass, intimidate, or cause harm to another person, for example, by broadcasting unsolicited messages, by repeatedly sending unwanted mail, or by using someone else's name, email address or username or general "spamming". This includes the distribution of offensive language or pictures.
- Waste computing resources or network resources, for example, by intentionally placing a program in an endless loop, printing excessive amounts of paper, or by sending chain letters or unsolicited mass mailings.
- Download software, freeware, and shareware to a University technology resource unless explicitly authorized by IT Services.
- Use the University's information systems or resources for personal gain; for example, by selling access to a username, to University systems, networks, or by performing work for profit with University resources in a manner not authorized by the University.
- Utilize the University's information systems or resources to export software, technical information, encryption software, or technology in violation of international export control laws.
- Enter restricted University data into a generative artificial intelligence tool (see IT 7.7 Generative Artificial Intelligence Usage).
- Use University information systems or resources to distribute, produce, publish, and/or sell obscene or illegal content.

Enforcement

The University considers any violation of acceptable use principles or guidelines to be a serious offense and reserves the right to copy and examine any files or information resident on University systems allegedly related to unacceptable use and to protect its network from systems and events that threaten or degrade operations. Violators are subject to disciplinary action as prescribed in the University Policies for Student Life, and employee handbooks.

Offenders also may be prosecuted under laws including (but not limited to) the Communications Act of 1934 (amended), the Family Educational Rights and Privacy Act of 1974, the Computer Fraud and Abuse Act of 1986, The Computer Virus Eradication Act of 1989, Interstate Transportation of Stolen Property, The Virginia Computer Crimes Act, and the Electronic Communications Privacy Act. Access to the text of these laws is available through the Henry Clay Hofheimer II Library Reference Department.

Information Disclaimer

Individuals using University information systems and resources owned by Virginia Wesleyan University do so subject to applicable laws and University policies. Virginia Wesleyan University disclaims any responsibility and/or warranties for information and materials residing on non-university systems or available over publicly accessible networks. Such materials do not necessarily reflect the attitudes, opinions, or values of Virginia Wesleyan University, its faculty, staff, or students.

No software is to be loaded onto or run on a University owned computer unless the University has purchased the software.

These guidelines should not be construed as a limit on any individual's right under the constitutions of the United States or the Commonwealth of Virginia.

Virginia Wesleyan University - Malbon Center for Technology

The information in this policy is the responsibility of the Malbon Center for Technology department. Questions or complaints about possible violations should be sent to the Chief Information Officer with as much detail as possible. Questions about this policy should be sent to helpdesk@vwu.edu.

V. Related Policies

IT 7.4 Classification of Data Policy


IT 7.5 Computer List Serves and Mass Emails

IT 7.6 University Owned Mobile Devices

IT 7.7 Generative Artificial Intelligence (AI) Usage

IT 7.8 Workstation Security and Clean Desk Policy

IT 7.2 Access to University Email and Information Systems

	Policy Title: Access to University Email and Information Systems Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.2
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Access to University Email and Information Systems

I. Purpose

The purpose of this policy is to protect the University's information systems by putting in place controls that limit access to such resources to authenticated users.

II. Scope/Applicability

This policy applies to all faculty, staff, alumni, students, prospective students, emeriti, and vendors that have University email and information systems.

III. Definitions/Key Terms

Authorized Users: individuals authorized by an area vice president to access applicable information resources and systems that collect, process, maintain, use, share, disseminate, or dispose of University data.

Information Technology Resource: the physical and virtual assets, tools, and capabilities owned or leased by the University to manage, store, process, and communicate University data and information. This can include hardware devices (computers, mobile devices, servers, networking equipment, etc.), software applications, databases, cloud services, and other technological components that support the delivery of University services, products, or solutions.

Information System: refers to the hardware, software, networks, databases, applications and other technological components and resources used to store, process, transmit, and manage University data.

Restricted Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program or office of the University in support of the University's mission.

IV. Policy

It is the policy of Virginia Wesleyan University to limit access to University email accounts and other information systems to authenticated authorized users. With respect to information systems and accounts that collect, process, maintain, use, share, disseminate or dispose of restricted University data, it is the policy of the University to limit access to such systems and accounts to authenticated authorized users based upon role-based access control and the principle of “least privilege.”

Granting of Access to University Email Accounts and Information Systems

Employees

An employee’s access to a University information system is authorized based on the individual’s affiliation with the University and, as applicable, job classification and function (also called “role-based access control”). The University also employs the principle of least privilege when assigning access. This means that employees will be assigned only the minimum rights necessary to perform the roles and responsibilities of the job function.

- Access to a University email account and other relevant information systems, in most cases, will not be available to employees until they have arrived for their first day of work – this includes services like email, Raiser’s Edge, Oracle, Anthology, and Colleague.
- Employee access to information systems that collect, process, maintain, use, share, disseminate or dispose of restricted university data require authorization by the area vice president and the completion of a background check. Requests for access to these systems must be submitted to the Chief Information Officer.
- Early access to information systems and resources, prior to completion of a background check, cannot be granted without approval of the area vice president.
- If an employee has any separation of employment event, all access to email and any other information system accounts will be disabled on the last day of employment. See IT 7.3 Account Retention.
- In addition, employee access to systems that collect, process, maintain, use, share, disseminate or dispose of restricted University data may be removed when an employee’s position changes within the University and the new position does not require access to such data.
- Upon exit, supervisors will be required to produce an appropriate outgoing auto-reply message and determine who will receive the redirected email communications.
- The reply message should not include how or where the onboarding employee may be contacted.
- The standard period for the outgoing auto-reply message should not exceed more than 30 days.

Exceptions to the above guidelines may be made to ensure administrative continuity in a program or department. See the IT 7.3 Account Retention for additional information.

Any changes in this service or policy occur at the sole discretion of Virginia Wesleyan University.

This policy does not apply to personnel with emeritus status.

V. Related Policies


IT 7.1 Acceptable Use

IT 7.7 Account Retention

IT 7.4 Classification of Data Policy

IT 7.5 Computer List Serves and Mass Emails

IT 7.3 Account Retention

	Policy Title: Account Retention Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.3
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Account Retention

I. Purpose

The purpose of this policy is to define the length of time a person has access to their Virginia Wesleyan University email and University information systems, including but not limited to network accounts. This policy serves to maintain the security, affordability, and efficiency of the Virginia Wesleyan University information systems.

II. Scope/Applicability

All faculty, staff, alumni, students, prospective students, emeriti, and vendors that have access to the University email and information systems.

III. Definitions/Key Terms

Information Technology Resource: the physical and virtual assets, tools, and capabilities owned or leased by the University to manage, store, process, and communicate University data and information. This can include hardware devices (computers, mobile devices, servers, networking equipment, etc.), software applications, databases, cloud services, and other technological components that support the delivery of University services, products, or solutions.

Information System: refers to the hardware, software, networks, databases, applications and other technological components and resources used to store, process, transmit, and manage University data.

IV. Policy

Faculty and staff should not use VWU accounts for personal use. It is the sole responsibility of the individual to back up any files or emails prior to account removal.

Faculty, Staff, and Vendors

- Accounts are deactivated the same day as the termination date, retire date, or last work date (whichever is more recent).
- Accounts are purged 180 days (six months) from the deactivation date.
- For vendor accounts specifically, termination can apply to the individual being terminated by the vendor or Virginia Wesleyan University's termination of the vendor relationship.

Emeriti

- Emeriti will continue to have their University email network login accounts.

Alumni

- Accounts are deactivated 60 days from their date of graduation.
- Accounts are purged 180 days (six months) from their date of graduation.

Students

- For students who do not re-enroll, accounts are deactivated and purged after the add/drop period in the third consecutive semester of non-enrollment, approximately one year in time.

Prospective Students

- Prospective students who do not matriculate will have their account deactivated and purged after the second semester of non-enrollment.

Exceptions

- Individuals in more than one role that transition out of a role will retain access to their accounts needed for their remaining role(s). For example, a staff member who is also taking courses would continue to have their email and network account if their employment ends and they continue as a student.
- In certain situations, or circumstances, accounts may be kept longer than defined purge timeframe.


V. Related Policies

IT 7.1 Acceptable Use

IT 7.2 Access to University Email and Information Systems

1.7.4 Classification of Data Policy

IT 7.4 Classification of Data Policy

	Policy Title: Classification of Data Policy Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.4
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Classification of Data Policy

I. Purpose

The purpose of this policy is to provide a security framework that will ensure the protection of University's information technology resources and systems from unauthorized access, loss, or damage.

II. Scope/Applicability

All University employees, students, and other users of the University's information technology resources and/or systems.

III. Definitions/Key Terms

See Policy Statement.

IV. Policy

An integral part of our data security practices at Virginia Wesleyan University involves classifying our University data based on levels of sensitivity and value. The four classification of data classes provides the foundation to allow us to protect sensitive data while simultaneously providing broad, open access to data in all of its forms. Our classification policy defines 4 classes of data from critical (Class I) to public (Class IV). Decisions about data types not explicitly defined in this policy should be made by the vice president overseeing the area most responsible for the data.

Property	Class 1: Critical Information	Class II: Restricted Information	Class III: Institutional Data	Class IV: Public/Unrestricted Information
<u>Description</u>	<p>Information legally classified as breach notifiable and where Virginia Wesleyan University is required to self-report to the government and/or provide notice to the individual if the information is inappropriately accessed.</p> <p>Data of this type includes, but is not limited to, all data identified by law, specifically, Virginia statute 18.2 - 186.6. Breach of personal information notification, as well as other applicable state statutes*, Payment Card Industry Data Security Standard PCI DSS, and specific combinations of individual financial records Gramm-Leach-Bliley Act), health care records (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).</p>	<p>Information regulated or restricted by federal and/or state regulatory or legal requirements, contractual requirements, or University policy. Data of this type includes, but is not limited to, student records (Family Educational Rights and Privacy Act (FERPA)), financial records (Gramm-Leach Bliley Act), health care records (Health Insurance Portability and Accountability Act of 1996)(HIPAA)), International Traffic in Arms Regulations (ITAR)***, Export Administration Regulations (EAR)***, Red Flags Rule, Children's Online Privacy Protection Act (COPPA), employment records, legal records, and certain business records.</p>	<p>Information at the Institutional/Proprietary level must be protected due to privacy, ethical, or proprietary constraints. Data of this type includes, but is not limited to, intellectual property and any data or documents that are not intended for public access or distribution.</p>	<p>Data at the Public/Unrestricted level is protected at the discretion of the department or the data owner. Data of this type includes, but is not limited to, all documents slated for public distribution, directory information as per FERPA, and any departmental data not deemed to be at a higher level of sensitivity.</p>
<u>Examples of Data Elements within Specific Classification Levels</u>	<ul style="list-style-type: none"> • Social Security Numbers • Credit Card Numbers • Driver's license number or state identification card number issued in lieu of a driver's 	<ul style="list-style-type: none"> • Human Subjects Information • Information gathered of children under the age of 13 • Employment applications • Employee information, 	<ul style="list-style-type: none"> • Student grades, attendance, and performance records **** • VWU Colleague ID • Departmental data • Unpublished research data • VWU internal 	<ul style="list-style-type: none"> • Published articles and newsletters • Student achievements and accolades • Published research data • Campus maps

	<p>license</p> <ul style="list-style-type: none"> • Account number or credit card number or debit card number in combination with any required security verification code**, access code, or password that would permit access to an individual's financial account. • Passport ID Numbers or Other forms of Official Government Issued Identification • Health Care Information, including Protected Health Information (PHI) • A username or email address, in combination with an unencrypted password, biometric identifier, or security question and answer that would allow unauthorized access to an online account. 	<p>including personnel files, benefits information, salary, conflict of interest filings, birth date, and personal contact information</p> <ul style="list-style-type: none"> • Privileged attorney-client communications • Internal policy records • Export controlled information under U.S. laws*** • Emergency and disaster recovery/incident response plans 	<p>memos</p> <ul style="list-style-type: none"> • Internal reports • Class rosters • Marketing and forecasting reports • Email distribution lists • Source code • Building diagrams and blueprints • Donor information • Vendor non-disclosure agreements • Business transactional data and documents • Personal information that can be used to verify identity such as birth dates, mother's maiden name, photographs 	<ul style="list-style-type: none"> • Job postings • Student enrollment numbers • Directory Information
<u>Access</u>	<p>Access limited to those permitted under law, regulation and Virginia Wesleyan University policies, and with a job-specific need and required training. External release of this type of information is only through vice president approval or through subpoena or warrant. Unauthorized release of this type of data could result in termination from</p>	<p>Access limited to those permitted under law, regulation and Virginia Wesleyan University policies, and with a specific need to know. External release of this type of information is only through vice president approval or through subpoena or warrant. Unauthorized release of this type of data could result in termination from University employment.</p>	<p>Access is limited to only those individuals who have been approved for access by a vice president based on need to know. Public or external requests to release this type of information is only through management or through subpoena or warrant. Unauthorized release of this type of data could result in disciplinary action.</p>	<p>Access to all data not meant for public consumption is at the discretion of the department or data owner.</p>

	University employment.			
<u>Transmission</u>	NIST-approved encryption methods are required when transmitting information through a network. Restricted data shall not be sent by email unless it is sent using an institution-approved method.	NIST-approved encryption is strongly recommended when transmitting information through a network. Institutional	NIST-approved encryption is strongly recommended when transmitting information through a network. Institutional No encryption is required for public/unrestricted information. Confidential/Proprietary information sent by email should follow the institution guidelines.	No encryption is required for public/unrestricted information.
<u>Storage</u>	Prohibited information shall not be stored on any of the following media or devices: • non-VWU owned or personal devices • external media, including flash drives, cell phones, or other external forms of storage (excluding University Data Center disaster recovery backups) Prohibited data shall be encrypted if utilized or stored on any end point device or local system and that data should strictly be used for short-term processing and not for long-term storage. Prohibited data should be stored only on NIST-encrypted or other qualified University-owned hosts, and in accordance with the Virginia Wesleyan	Restricted/Regulated information shall be stored in accordance with the following: • Any computers containing this type of data is stored utilizing strong password encryption and can not be accessed without first authenticating (decrypting) the data. Whole disk encryption is a preferable solution in place of manually encrypting data. • Any storage of this type of information in a cloud environment must be in an approved Virginia Wesleyan University cloud storage solution. Any of this type of data stored on flash drives, cell phones, or any other external form of storage (including backups),	Institutional Confidential/Proprietary information shall be stored in accordance with the following: • It is strongly recommended that this type of data is stored utilizing a strong password encryption and can not be accessed without first authenticating (decrypting) the data. Whole disk encryption is a preferable solution in place of manually encrypting data. • Any storage of this type of information in a cloud environment must be in an approved Virginia Wesleyan University Cloud storage solution. It is strongly recommended that this type of data stored on flash drives, cell phones,	Long-term or archival storage of Virginia Wesleyan University public/unrestricted data should be on qualified University-owned or Cloud services hosts, and in accordance with the Virginia Wesleyan University Data Retention Policy (needs to be developed)

	University Data Retention Policy (needs to be developed)	<p>must be in an encrypted form. Please note that while some services are approved for storage of Type II data, they cannot be used for ITAR and export controlled data unless they guarantee US-only storage and confirm that the data is not accessible by foreign nationals of restricted countries. In addition to storage restrictions on this type of data there are also restrictions on sharing such data with those located in other countries. It is up to the data owner to determine whether any export controlled data may be shared with someone or transported to a particular country. Guidance can be found at the US Department of Commerce Control List site at http://www.bis.doc.gov/index.php/regulations/commerce-control-list-ccl</p> <p>Long-term or archival storage of restricted/regulated data should be on NIST-encrypted or other qualified College- owned hosts, and in accordance with the Virginia Wesleyan University Records Management and Retention Policy (needs to be developed)</p>	<p>or any other external form of storage (including backups), be in an encrypted form. Long-term or archival storage of institutional confidential/proprietary data should be on qualified University- owned or Cloud services hosts, and in accordance with the Virginia Wesleyan University Data Retention Policy (needs to be developed)</p>	
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*NCSL [Security Breach Notification Laws by State](#)

**Per PCI-DSS, card verification code or value, aka CVV, CAV, CID, CVC, should never be stored.

***Additional restrictions apply to this type of data. It must be stored within the United States and cannot be shared with those located in other countries. It is up to the data owner to determine whether any export-controlled data may be shared with someone or transported to a particular country. Guidance can be found at the US Department of Commerce List site at:
<http://www.bis.doc.gov/index.php/regulations/commerce-control-list-ccl>

**** Current processes on campus provide grade related information via email. The University is committed to improving these processes to eventually provide all grade related information through more secure methods. Once this is accomplished, grade-related information would then be reclassified to Class II.


V. Related Policies

IT 7.1 Acceptable Use

IT 7.5 University Owned Mobile Devices

IT 7.8 Workstation Security and Clean Desk Policy

IT 7.5 Computer Listservs and Mass Emails

	Policy Title: Computer Listservs and Mass Emails Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.5
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Computer List Servs and Mass Emails

I. Purpose

The purpose of this policy is to promote the efficient, ethical, and lawful use of the University's Computer Listservs (also termed Email Groups) and mass emails.

II. Scope/Applicability

All University community members who are granted access to the University's Computer List Serves.

III. Definitions/Key Terms

Commercial Electronic Mail Message: means any electronic mail message the primary purpose of which is the commercial advertisement or promotion of a commercial product or service.

Mass Email Message: any unsolicited electronic mailing sent to more than 50 addressees.

Official Electronic Mail Message: an electronic mail message which alerts the University community to substantial changes in governance, policy, or practice; to immediate threats to health, safety, property, or research; to computer or telecommunications issues; and to shared community interests.

IV. Policy

Computer Listservs (also termed Email Groups) should be used for internal communication only.

Mass emails, especially to the general public or to select constituent groups including but not limited to alumni, donors, parents and past parents, corporations and foundations and the community at large, must be directed to and distributed through the Advancement Office to insure that they do not interfere with other mass emails the University is scheduling, do not position the University's electronic communications as spam, do not jeopardize the University's tax-exempt status, and that the University is in compliance with best practices regarding recipient opt-in and opt-out guidelines.

The Kaufman Center for Enrollment has the authority to send mass emails to prospective students as needed.

Listserv activity will continue to be monitored and variances from this policy will result in list serves being deactivated without notice.

Mass Email Guidelines

Members of the campus community desiring to send a mass email message, whether it be an Official University Electronic Mail Message or Commercial Electronic Mail Message (see Definitions), must conform with the guidelines set forth below. In addition, individuals must comply with the requirements of the CAN-SPAM Act of 2003, as well as the University's Acceptable Use policy.

Distribution of Official Mass Email Messages

Official Mass Email Messages alert the University community to substantial changes in governance, policy, or practice; to immediate threats to health, safety, property, or research; to computer or telecommunications issues; to shared interests; and approved surveys. Shared interest messages do not include messages of commercial interest (see Commercial Messages below). Since official messages relate to an employment or transactional relationship and are non-commercial in nature, they are exempt from the decline (opt out) provision of the CAN-SPAM Act of 2003.

Inappropriate uses of official mass email include:

- Messages that are not aligned with the mission of the University.
- Messages that are personal in nature.
- Messages that are commercial in nature, with the exception of those messages that are in support of University business.
- Messages that solicit participation in, support of, or advocacy for events, activities, or campaigns that are political (see CC 1.4 Lobbying and Political Activities) or not aligned with and/or sanctioned by the University.
- Messages that do not conform to University policy or applicable laws and regulations.

B. Commercial Messages

Commercial electronic mail messages to the external community that offer or promote University products and services are specifically covered by the CAN-SPAM Act of 2003. The Act requires the University to provide recipients with a clear and conspicuous opportunity to decline (opt-out) to receive further commercial messages.

All commercial electronic mail messages must receive advance approval from the Advancement Office. Once approved, the University office or organization sending the email message must coordinate with IT Services to create an appropriate Listserv as appropriate.

The following guidelines must be adhered to when sending a commercial message in accordance with the *CAN-SPAM Act of 2003*:


- The message must include a non-deceptive subject line, From, and To fields.

- The message must include an opt-out mechanism to unsubscribe from the sender's e-mail list.
- The message must contain the sender's physical mailing address.
- If the electronic mail message is unsolicited (exchange not initiated by the recipient), the message must clearly indicate that it is an advertisement or solicitation by including the word "Advertisement" or "Solicitation" in the subject line as appropriate.

V. Related Policies

CC 1.4 Lobbying and Political Activities

IT 7.6 Generative Artificial Intelligence (AI) Usage

	Policy Title: Generative Artificial Intelligence (AI) Usage Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.6
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Generative Artificial Intelligence (AI) Usage

I. Purpose

The purpose of this policy is to define security requirements around the usage of generative AI tools. Generative AI tools are evolving quickly and can provide a wide range of services from content creation to problem solving, however it is important to protect the security of University data.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Generative AI Tool: an artificial intelligence system designed to produce new and often indistinguishable content from human-created examples. These tools use deep learning and neural networks to generate text, images, music, videos, and more.

Restricted Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program or office of the University in support of the University's mission.

IV. Policy

One of the inherent risks of generative AI tools is that they will use information submitted by users and add it to their knowledge base. Any information submitted could be provided later to someone outside of the organization. Therefore, it is important to only enter public information into a generative AI tool.

Do not use any generative AI tools with restricted University data, including but not limited to:


- Information legally classified as breach notifiable and where Virginia Wesleyan University is required to self-report to the government and/or provide notice to the individual if the information is inappropriately accessed. This includes information such as Social Security Numbers and credit card numbers.

- Information regulated or restricted by federal and/or state regulatory or legal requirements, contractual requirements, or University policy. This includes information such as employee information, grades, course schedules, FERPA-protected information, etc.
- Information that must be protected due to privacy, ethical, or proprietary constraints. Data of this type includes, but is not limited to, intellectual property and any data or documents that are not intended for public access or distribution.

V. Related Policies

IT 7.1 Acceptable Use Policy

IT 7.7 Workstation Security and Clean Desk Policy

	Policy Title: Workstation Security and Clean Desk Policy Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: IT 7.7
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Workstation Security and Clean Desk Policy

I. Purpose

The purpose of this policy is to establish guidelines for workstation security and promote a clean desk culture, ensuring the protection of non-public University data and maintaining a secure work environment.

II. Scope/Applicability

All University employees and other third parties granted access to University information technology resources and/or systems that manage, store, process, and communicate University data and information.

III. Definitions/Key Terms

Authorized Users: individuals authorized by an area vice president to access applicable information resources and systems that collect, process, maintain, use, share, disseminate, or dispose of University data.

Information Technology Resource: the physical and virtual assets, tools, and capabilities owned or leased by the University to manage, store, process, and communicate University data and information. This can include hardware devices (computers, mobile devices, servers, networking equipment, etc.), software applications, databases, cloud services, and other technological components that support the delivery of University services, products, or solutions.

Information System: refers to the hardware, software, networks, databases, applications and other technological components and resources used to store, process, transmit, and manage University data.

Restricted Data: University data which is legally regulated, data that the University has decided NOT to publish or make public, data protected by contractual obligations, and data that provides access to restricted data.

University Data: any data collected, manipulated, stored, reported, or presented in any format, on any medium, at any location by any department, program, or office of the University in support of the University's mission.

IV. Policy

All University employees and other third parties granted access to restricted University data shall be responsible for adhering to the following guidelines and controls for using workstations and maintaining the security of University technology resources and restricted University data in desk and office areas.

Securing Computers and Devices

Lock screens: When leaving their work area, even for short periods, employees shall ensure that their screen is locked or that they have logged off of their computer or device. The automatic time out configuration on the device must also be enabled.

Secure devices: When computers, laptops, or other devices are not in use, they must be stored behind a securely locked door. Tablets and other portable storage devices such as USB drives and external hard drives must also be locked away in a desk drawer, filing cabinet, or another secure location. If transporting, employees must make sure to keep devices locked in a secure area where they are not visible.

Avoid restricted University data on screens: Minimize the display of restricted University data on computer and device screens, especially in shared workspaces. Consider privacy filters if necessary.

Additional Secure Device Controls:

- Employees must keep food and drink away from University workstations in order to avoid accidental spills.
- On personal devices, employees must install vendor-issued critical security updates and patches in a timely manner.
- On personal devices, employees must ensure that anti-malware protection software is active and installed.

Securing Papers and Documents

Clear desk: At the end of each day, employees are responsible for removing all documents and papers containing restricted University data from their desk. Documents and papers must be filed securely in locked drawers or cabinets.

Minimize printed or transmitted documents: Print only what is necessary. Do not leave printouts containing restricted University data unattended at printers or fax machines.

Shred sensitive documents: Shred any documents containing restricted University data before discarding them. Documents waiting to be shredded shall not be accessible by unauthorized personnel.

Securing Office Locations and Workstations

Lock offices and desks: Office doors and desk drawers must be locked when leaving for extended periods or overnight. In shared office locations, the employee who is last to leave the space is responsible for locking the office door.

Secure ID card, keys, and access cards: Do not share University ID, keys, or access cards granting access to University systems, buildings, or sensitive areas. Employees must report lost or stolen keys immediately to their supervisor.

Be aware of surroundings: Employees must be mindful of their surroundings and report any suspicious activity to Campus Security.

Additional Notes:

Employees and other third parties granted authorized access to University data who are unsure about the classification of University data or proper storage procedures should consult their supervisor or the Malbon Center for Technology.

University employees may need to access another areas secure office space to conduct work. Employees must understand their responsibility in following the clean desk policy in order to follow privacy requirements.

To the extent possible, workstations must be located in areas that have some degree of physical separation from the public and where possible should face away from public view. When applicable, computer and device screens must face away from other employees to ensure privacy of restricted University data.

By following these guidelines, the University can create a secure work environment for everyone at Virginia Wesleyan University.


V. Related Policies

IT 7.1 Acceptable Use

IT 7.4 Classification of Data Policy

MARKETING AND COMMUNICATIONS

MC 1.1 Media Relations

	Policy Title: Media Relations Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: MC 1.1
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Media Relations

I. Purpose

The purpose of this policy is to establish guidelines pertaining to University communications with members of the media.

II. Scope/Applicability

All University employees and students.

III. Definitions/Key Terms

Media: the various means of mass communication as a whole, include, but not limited to: television, radio, magazines, newspapers and web/electronic outlets, social media, together with the people involved in their production.

IV. Policy

The President of Virginia Wesleyan University is the official public spokesperson on all matters of policy relating to the University.

VWU Marketing and Communications is responsible for publicity, media relations, and creation of communication materials for internal and external audiences. In this role, VWU Marketing and Communications are responsible for all contacts with print and electronic news media not involving University athletics, including direct personal contact, information relayed through news releases and other written communications, and the release of photographic and video images of the University. As the University's primary liaison with local, regional, national, and international media for all non-athletic department content, VWU Marketing and Communications provides accurate information and coordinates communications with campus-based and external media. It also provides public information support and advice to all employees, including faculty, and students. VWU Marketing and Communications also assists the President in responding to and initiating media contacts and will, under the President's direction, disseminate any statements of policy.

Media Request


To ensure accurate and up-to-date messaging about the University, a VWU Marketing and Communications representative needs to facilitate any interaction between the media and Virginia Wesleyan faculty, staff, and students. University employees and students contacted directly by a reporter, editor, photojournalist, videographer, or any other member of the media must notify the Executive Director of Marketing and Communications at 757.233.8757.

Requests for media interviews with coaches and student-athletes pertaining to pre- or post-game athletics activities are coordinated through the Office of Athletics and/or at the coaches' discretion.

V. Related Policies

Not Applicable.

MC 1.2 University Marketing

	Policy Title: University Marketing Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: MC 1.2
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University Marketing

I. Purpose

The purpose of this policy is to ensure a consistent public image of Virginia Wesleyan University and to establish the authority for the approval of marketing collateral to external audiences on behalf of the University, its events, or its programs.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

The Office of Marketing and Communications provides general direction and guidance for the University's overarching marketing goals, specifically as they relate to establishing a cohesive and unique brand identity. Regardless of format, all messages and visuals must:

- Be accurate, timely, complete and consistent with one another.
- Be of professional quality with regards to messaging, aesthetics, composition and presentation.
- Align with the Mission and Vision of the institution as well as the goals and priorities outlined in the University's Strategic Plan.
- Adhere to the University's Graphic Standards, Editorial Guidelines and/or Social Media Guidelines & Policy

All marketing projects relating to the University such as brochures, posters, photographs, web content, mass emails, and advertisements intended primarily for an external audience (general public, prospective students, media etc.) must be created through or approved by the Office of Marketing and Communications before publication or distribution. Design projects or other marketing materials meant for prominent display, frequent usage or distribution within the campus community must also be approved.

All factual information included in promotional materials or communications used to promote the University and its programs in any way should be verified by the Office of Institutional


Research before distribution. This information includes but is not limited to student demographics; major and programs, degree requirements; graduation and career statistics; and faculty qualifications and accomplishments. There are also resources available for basic data verification including the [University Profile](#).

The Office of Marketing and Communications partners with campus offices as appropriate on individual marketing projects. These offices provide expertise and guidance in their respective areas. The Center for Enrollment, for example, takes the lead on enrollment marketing efforts while the Registrar's Office (Academic Affairs) is responsible for the Academic Catalog.

V. Related Policies

Not Applicable.

MC 1.3 Use of University Name, Logo, and Seal

	Policy Title: Use of University Name, Logo, and Seal Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: MC 1.3
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Use of University Name, Logo, and Seal

I. Purpose

The purpose of this policy is to protect and control the use of the University's name, seal, and logos, and to protect the integrity of the University's identity and brand.

II. Scope/Applicability

All University employees and students.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

The Virginia Wesleyan University name, logos, trademarks, and insignias ("brand elements"), including the intercollegiate athletics logo, are trademarks of the University and are controlled and protected by the University. All use of the University's brand elements must be in the ordinary course of University business and adhere to the University's Graphic Standards and Editorial Guidelines. Use of the corporate seal Virginia Wesleyan University is reserved to those official uses approved by the Secretary of the University and may not be used for commercial purposes.

Violations by external agencies should be reported to the Office of Marketing and Communications. Any person or organization found to be in violation of this policy will be subject to disciplinary action.

Appropriate Use of University Brand Elements

Responsibility for use of the University's brand elements in the ordinary course of University business rests with the area vice president. Decisions regarding the use of University's brand elements must support Virginia Wesleyan University's mission, brand identity, integrity, and reputation, while minimizing potential legal risks. Questions regarding such use should be directed to the area vice president or the Office of Marketing and Communications.

While University employees and students are welcome to mention their affiliation with the University, they are not permitted to use University brand elements on personal social media

profiles, personal business communications, or other personal ventures that may suggest representation of the University. Moreover, University brand elements may not be in connection with goods or services offered by any outside organization without the prior permission of the Office of Marketing and Communication.

When mentioning their affiliation with the University, employees may not allow their official Virginia Wesleyan University titles or the name of the University to be used in ways that state or imply University endorsement in connection with project, activity, or product promotions.

Employees have an obligation to clearly state that their opinions, recommendations, or utterances in preparing a report or paper under a consulting agreement or personal service contract are not official positions of the University. When engaged in political or other public statements or correspondence, any member of the University who so identifies themselves, must clearly state that they are speaking individually and not on behalf of the University. See CC 1.4 Lobbying and Political Activities.


V. Related Policies

MC 1.2 University Marketing

MC 1.4 Editorial Guide

CC 1.4 Lobbying and Political Activities

MC 1.4 Editorial Guide

	Policy Title: Editorial Guide Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: MC 1.4
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Editorial Guide

I. Purpose

The purpose of this policy is to establish consistent and professional standards for written communication across all university publications, ensuring clarity, accuracy, and adherence to the university's brand identity.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Not Applicable.


IV. Policy

An Editorial Style Guide is provided by the Virginia Wesleyan University Office of Marketing and Communications to assist faculty and staff in preparing copy for any form of communication on behalf of the University. The guide includes some of the most common editorial questions related to punctuation, capitalization, names and titles, degrees and the like. Because Marketing and Communications is geared primarily toward communicating with the general public and/or the media in addition to faculty, staff and students, the Associated Press Stylebook (most recent edition) should be used as the go-to source for any style related questions not covered on the University [website](#). See AP Style Guide on the next page.

V. Related Policies

Not Applicable.

MC 1.5 Social Media

	Policy Title: Social Media Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: MC 1.5
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Social Media

I. Purpose

The purpose of this policy is to provide guidance for the responsible and effective use of social media both professionally and personally by members of the University community, ensuring alignment with the University's mission and core values.

II. Scope/Applicability

All University employees and students.

III. Definitions/Key Terms

Social Media: refers to online platforms and technologies that enable users to create, share, and exchange information, ideas, and content with others, including but not limited to websites, applications, and tools such as Facebook, Twitter, Instagram, LinkedIn, TikTok, blogs, forums, and other similar platforms.

IV. Policy

Social media presents both opportunity and responsibility for the Virginia Wesleyan University community. This policy is meant to provide guidance and encourage caution with social media use both professionally and personally.

All campus community members are expected to use good judgment in their online interactions and to carefully consider any commentary that may serve or be seen as a reflection of the University's mission and core values.

In using social media as part of one's personal life, faculty and staff must refrain from presenting personal opinions in ways that imply endorsement by the University. If posted material may reasonably be construed as implying the support, endorsement, or opposition of the University regarding any personal statements, including opinions or views on any issue, it must be clear that the individual is speaking for oneself and not as a representative of the University. Moreover, on social media, as in all aspects of conduct associated with the University, faculty and staff are expected to abide by University and department policy, including but not limited to [HR 3.1 Rules of Conduct](#) and [HR 3.2 Code of Personnel Relations](#).

Similarly, VWU students are expected to abide by the [Honor Code](#). The same rules and policies that apply in the “real world” also apply on social media. Any unprofessional, inappropriate, or unlawful online behavior or content that violates University policies or federal, state, or local laws will be handled in the same manner as on-campus violations. It is understood, however, that the perceived meaning of thoughts and opinions is subjective by nature, and issues assumed in violation will be reviewed on a case-by-case basis. Employees and students must also follow HR 7.1 [Acceptable Use Policy](#) with regard to any activity conducted while utilizing the University’s computer systems and networks.

In response to concerns or complaints about a social media post, University administrators may look up profiles on social networking sites and may use the information in informal or formal disciplinary proceedings.

University Social Media Accounts – Administrative Rights and Passwords

Social media accounts established to represent the University or any of its offices, departments, teams, programs, or affiliate groups must be created and maintained by an employee or authorized representative of the University. Student workers may be authorized users on social media sites but should be supervised by a faculty or staff member.

Any social media accounts created to represent Virginia Wesleyan University or any of its offices, departments, teams, programs, or affiliate groups are considered the property of the University. The University reserves the right to monitor, block, remove, and delete these accounts in the event of a policy or legal violation or it appears that the account is stagnant (no posts or activity for more than six months).

The Office of Marketing and Communications must be notified of any new social media pages created. Login information for any social media created to represent Virginia Wesleyan University or any of its offices must be shared with the Office of Marketing and Communications for continuity purposes.

Any employees (or student assistants) who maintain VWU-related social media accounts and who leave the University for any reason are expected to make arrangements to either close those accounts or transfer them to an appropriate VWU colleague along with all relevant logins, passwords or other administrative rights. For assistance, please contact the Office of Marketing and Communications.

Policy Review


Virginia Wesleyan University’s Social Media policy is maintained and reviewed annually by the Office of Marketing and Communication.

V. Related Policies

HR 7.1 Acceptable Use
HR 3.1 Rules of Conduct
Student Honor Code

FINANCE

FA 1.1 Purchasing Policy

	Policy Title: Purchasing Policy Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: FA 1.1
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Purchasing Policy

I. Purpose

The purpose of this policy is to guide the responsible expenditure of University funds to procure goods and services necessary to support the mission, goals, and objectives of the University.

II. Scope/Applicability

Any University community member involved in making purchasing decisions or approving purchases on behalf of Virginia Wesleyan University.

Note: This policy does not apply to purchases utilizing federal monies.

III. Definitions/Key Terms

Foreign Entity: a foreign business trust, corporation, limited liability company, limited partnership, partnership, or other entity.

Foreign National: an individual who is neither a citizen nor a legal permanent resident of the United States.

Foreign Source: means a foreign government, including an agency of a foreign government; a legal entity, governmental or otherwise, created solely under the laws of a foreign state or states; an individual who is not a citizen or a national of the United States or a trust territory or protectorate thereof; and an agent, including a subsidiary or affiliate of a foreign legal entity, acting on behalf of a foreign source.

Specially Designated Nationals ("SDNs"): The Office of Foreign Assets Control defines SDNs as "targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States."

IV. Policy

In order to ensure efficient purchases and delivery of goods and services on behalf of Virginia Wesleyan University, the following policy is in effect:

Ordering

In ordering supplies of any kind, University personnel must submit a completed VWU requisition form to the Purchasing Manager in order to obtain a Purchase Order (PO). Requisition forms may be found on line or in the Office of Finance and Administration. All requisitions must be on a requisition form; no phone requests will be accepted. Items or services purchased without a PO will not be paid for by Virginia Wesleyan University.

This also includes all credit card purchases which must have a Purchase Order before the credit card is used. Please allow a 24-hour turn around to get a PO number.

Employees are also expected to use purchasing best practices, including comparison shopping.

Virginia Wesleyan requires competitive quotes and/or bids of products or services totaling \$10,000 or more individually, or as a system including multiple components in order to appropriately safeguard university assets. Purchases made through purchasing consortiums of the University meet this requirement.

It is understood that unique service providers, such as architects, marketing professionals, legal and other professional services, are commonly used. In this instance, a written justification of the use of the vendor meets this requirement.

Shipping and Receiving

When ordering please ask the vendor to include the PO number on all shipping and invoice documents. This will allow the University to expedite the order and payment to the vendor.

As requisitions are approved and purchase orders issued, a copy of each purchase order will be sent to the University's Duplication and Postal Services. Duplication and Postal Services is responsible for verifying that the items ordered have been received. They will open all packages and verify that the packing slip and/or invoice matches what is in the package and matches the PO.

Items will not be paid for until Duplication and Postal Services notifies the Accounts Payable Coordinator that the items on a PO have been received.

Accordingly, when picking items up, employees must sign the receipt and make sure Duplication and Postal Services receives the receipt (or a copy of the receipt) as soon as possible. In addition, please make sure the correct PO number is on the receipt and the items received are correct. Upon receiving this verification, Duplication and Postal Services will stamp their copy of the purchase order "Received" and send it to the Accounts Payable Coordinator. This will authorize payment for the properly received items.

For packages that circumvent this process, contact the Accounts Payable Coordinator that the ordered items have been received. Failure to do so may result in late fees, which will be billed accordingly.

Unauthorized and Prohibited Purchases

Procuring any physical goods or services, prior to obtaining proper authorization through the requisition/purchase order process, is considered to be an “unauthorized transaction.” This type of transaction directly violates this established University purchasing policy. Any purchases made in this manner will become the responsibility of the individual who made the purchase and will be held in the Duplication and Postal Services until payment is made in full on the items ordered by the ordering party. Any supplier who accepts an unauthorized order will be advised of this policy and may jeopardize the ability to do future business with Virginia Wesleyan University.

In addition, employees are reminded that University funds are to be used only to meet the mission of Virginia Wesleyan University. Accordingly, the following non-exhaustive listing of transactions are generally prohibited:

- Expenditures for personal gain of employees or their families.
- Payments of political contributions.
- Purchase, rental, repairs, cleaning or laundering of clothing, including formal wear and academic attire, for personal use.
- Expenditures for subscriptions for journals, magazines, newsletters or newspapers for delivery to employees’ homes.
- Expenditures for computers, other equipment or other items for personal use.
- Payments or reimbursements for personal violations (including parking and speeding tickets), fines, or stolen articles.
- Payments or reimbursements for annual fees for personal credit cards.
- Reimbursement of credit card delinquency assessments or interest or overdraft charges unless caused by University error. Requests for reimbursement of charges resulting from University error require the signature of the Vice President for Finance or a designee.
- Purchases of gifts, flowers or greeting cards to employees unless approved by an area vice president.
- Payments for personal memberships in professional organizations unless authorized in writing by an area vice president who by approving certifies that the membership is required for the individual’s job-related responsibilities.
- Payments for personal membership in social, dining, airline and hotel clubs except as expressly approved by the President.
- Payments or reimbursements of childcare or pet care costs.
- Reimbursements for use of personal airline miles/points for business related travel.
- Reimbursement for personal travel expenses when a trip itinerary includes both personal and business-related travel.
- Any purchases of a personal nature.
- Repair to or replacement of personal property of an employee.

In addition, grants, contracts and other activities may be subject to other requirements. Those requirements may be more restrictive but may not overrule the University’s requirements. Where other standards are more restrictive than University standards, the other standards will be followed.

Check Requisitions

Any check requisition that is submitted for payment for an item that should have had a purchase order issued but did not, will not be honored. The purchaser will be held personally responsible for payment of all such goods and services. For questions, contact the Purchasing Manager in the Office of Finance and Administration to determine if a purchase order is needed.

Tax Exempt Status

The University holds tax-exempt, 501(c)3 status; therefore, it will not reimburse employees for sales tax on items eligible for sales tax-exemption. When making a purchase for the University, please make the vendor aware of the University's tax-exempt status. If a tax-exempt form is needed, a copy may be obtained from the Office of Finance and Administration.

Purchasing Standards of Conduct

In compliance with the Employee Rules of Conduct, all University employees have an obligation to avoid any conflicts of interest or even the appearance of a conflict of interest when selecting vendors for purchasing on behalf of the University.

Independent Contracts and Consultants

Prior to engaging an individual to perform services as an independent contractor, Human Resources must be notified to ensure the individual is appropriately categorized as an Independent Contractor. See HR 2.5 Independent Contractors and Consultants.

There are also important details to consider prior to engaging a foreign national to perform services as an Independent Contractor. Payments will not be approved to individuals who are subject to U.S. economic or trade sanctions per the U.S. Office of Foreign Assets Control (OFAC).

Payments to Non-Employee Foreign Nationals and Entities

All payments to non-employee foreign nationals or entities for services may be taxable if performed for the University in the United States. These payments are reportable to the IRS on Form 1042-S (Foreign Person's Statement of Income). Accordingly, the Office of Finance and Administration must be informed before the University agrees to engage a foreign national or entity. All payments for non-employee services will be subject to withholding at the statutory rate. However, the foreign national may be able to claim an exemption from this withholding if there is a tax treaty provision between the US and the individual or entity's country of citizenship.

Payments to Restricted Parties

The University is obligated to comply with the US Department of Treasury's Office of Foreign Asset Control (OFAC) to ensure that University wire transfers or other forms of electronic payments are not unknowingly funding individuals identified on the Specially Designated Nationals ("SDNs") and Blocked Persons list. In compliance with OFAC, Office of Finance and Administration will not authorize payments of University funds to individuals, vendors, or countries subject to U.S. economic or trade sanctions.

University departments proposing to make payments to foreign nationals or seeking to make purchases that may be subject to import/export controls, must contact Office of Finance and Administration for review to ensure compliance with all federal laws and regulations before engaging with the individual or organization and before making any purchases from them. Upon referral, the Office of Finance and Administration will conduct restricted party screening on foreign payees/vendors to verify that the entities and individuals are not SDNs.

Failing to comply with OFAC requirements, as well as other U.S. Export Control laws, may result in substantial civil and criminal penalties to the University and the individual(s) involved, as well as administrative sanctions such as loss of federal funding or export privileges. Failing to comply may also result in appropriate disciplinary action.

V. Related Policies


FA 1.2 Credit Card Policy

HR 2.5 Independent Contractors and Consultants

HR 3.1 Rules of Conduct

HR 3.4 Conflicts of Interest

FA 1.2 Credit Card Policy

	Policy Title: Credit Card Policy Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: FA 1.2
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Credit Card Policy

I. Purpose

The purpose of this policy is to provide structure, limits, and accountability guidelines for appropriate use of a University credit card and to define the responsibilities of cardholders and administrators of the University's credit card program.

II. Scope/Applicability

All employees who have issued a University credit card and have incurred University related travel, entertainment, and certain business expenditures in the course of their responsibilities.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

The University has a corporate credit card program to provide a convenient method of payment for business expenses and to reduce the need for administration of travel advances. The responsibility to follow this policy rests with the employee/cardholder, approving supervisor and the supervising senior administrator who certifies compliance within these guidelines (or reasonable exceptions). Accordingly, any charges made on the University issued credit card should be authorized for only reasonable and customary related expenses, which conform to VWU policies, including but not limited to FA 1.3 Gift Card Policy and FA 1.1 Purchasing Policy. The burden of determining whether a particular expense is appropriate rests with each individual prior to incurring the expense. It is incumbent on the individual to provide proper documentation supporting all expenditures charged to a VWU credit card.

Responsibilities

Traveler/Employee

VWU cardholders may be issued a credit card for their use for University-related travel and conference-related expenses, an emergency purchase for selected items with non-recurring vendors, or where using a credit card is the only accepted means of completing a purchase on behalf of the University. Whenever possible, all purchases should be directed through the Purchasing Department. The Purchasing Department may have vendor agreements in place which could result in additional discounts and will apply sales tax exemptions.

All credit cards are issued to individuals and are the property of VWU to be used only for University related purchases and should not exceed pre-set spending limits. Only the credit card holder is entitled to use the credit card and will be responsible for all charges made on the card. Misappropriation of University funds and unauthorized purchases may result in disciplinary action, including termination, as well as possible card cancellation and criminal prosecution. The University has the authorization to deduct any improper credit card purchases from wages through payroll if the charge does not conform to this policy. See Appendix IX (Credit Cardholder Agreement).

Receipts and supporting documentation must be provided for all credit card purchases which are submitted to the Office of Finance on a monthly basis (by the 10th calendar day of each month for all charges made in the prior month) along with department head/budget manager approval. All receipts must be itemized, include an explanation of the purchase/charge and must comply with University policies. The expense account coding of all charges are to be entered through the on-line credit card system on a monthly basis by the cardholder by the 10th calendar day of each month. Late fees and/or interest charges resulting from late submission to the Office of Finance will be charged to the employee.

The cardholder is responsible for reconciling, disputing, and resolving any discrepancies on their statement by contacting the Accounts Payable Coordinator in the Office of Finance. If fraudulent activity is suspected on the credit card, please contact Elan's Customer Service Department, 800-344-5696, immediately in addition to the Accounts Payable Coordinator.

Credit cards must be kept in a secure place to prevent loss or theft. In the event the card is lost or stolen, the cardholder must immediately notify Elan's Customer Service Department at 800-344-5696, as well as the Associate Vice President for Finance, extension 8881.

If any item purchased with a credit card is not acceptable, arrangements must be made for a return for credit or an exchange. A cash refund or check is prohibited unless the vendor insists that a refund must be by cash or check; then the funds must be deposited immediately with the Office of Finance.

Any reward points accrued on a University credit card account are the property of the University and may not be redeemed by the card holder. The Office of Finance manages the reward program and will redeem rewards on a yearly basis.

Authorizer/Approver

Individuals authorized to approve business and travel expenditures of others are also responsible for the administration of this policy along with other VWU related policies. They are responsible to:

- Verify that the traveler/employee attested to the expenditures.
- Attest that the purpose of the expense is valid and directly related to VWU business.
- Request from the traveler further documentation or explanation for expenses that appear to be excessive or unusual in relation to the nature of the business travel.
- Approve employee expenditures on a timely basis.

Understand that while the Office of Finance may review and question business and/or travel expenses incurred, the primary responsibility for the appropriateness of expenditures rests with the traveler/employee and the individual responsible for approval of the expense reports.

Office of Finance

The Office of Finance reviews and accounts for business and travel expenses charged to credit cards. At its discretion, the Office of Finance may question and disallow any expense which is not consistent with the guidelines outlined in this policy including the FA 1.3 Gift Card Policy and/or FA 1.1 Purchasing Policy for reasons such as:

- Information regarding business and/or travel expenses incurred, but not supported by accompanying supporting documentation, or does not include a detailed documented purpose,
- Expenses not reviewed/approved by the appropriate approver, or
- Expenses not in compliance with VWU policies.

The adherence to this policy and other policies is routinely reviewed by external auditors.

Issuance and Use of a VWU Credit Card

Credit cards are provided to VWU employees on the recommendation of their supervisor and approval of the Assistant Vice President of Finance. They are to be used primarily for University related travel, entertainment, or conference expenses. In some cases, they may be used for emergency needs and other special procurement circumstances. See FA 1.1 Purchasing Policy for a listing of unauthorized purchases, as well as Appendix X (Allowable Business Expenses) for a listing of examples of expenses that are generally not reimbursable by the University unless approved by the supervising President or vice president.

The University encourages cardholders to discuss any special procurement needs with the Director of Purchasing at extension 3230. The Purchasing Department has created and nurtured relationships with both local and online vendors. As a result, VWU receives discounted pricing, enhanced customer service, and utilizes its tax-exemption status when applicable.

All purchases using a credit card should be within the guidelines of this Credit Card Policy, FA 1.3 Gift Card Policy and FA 1.1 Purchasing Policy. Any credit cardholder failing to keep within these guidelines may have their credit card revoked. Credit cards may also be revoked due to a change of assignment, a departmental transfer or separation of employment. The University has the authorization to deduct any improper credit card purchases from wages through payroll per the signed credit cardholder agreement.

As a tax-exempt organization in Virginia, the University is exempt from certain sales tax. When doing business with Virginia vendors, please notify the vendor of the Universities' tax-exempt status in order to have the VA sales tax waived. A copy of the VWU tax exemption form is available upon request from the Office of Finance.

Credit cards must not be linked with any Pay Pal payment account. Nor may cardholders purchase gift cards with their credit card.

To request a VWU credit card, please contact the Associate Vice President for Finance.

Monthly Credit Card Activity/Documentation

Credit card statements can be viewed anytime online through the Elan website. Access to the card holder statements is controlled within the Office of Finance. Please notify us of any changes. In addition, please notify the Associate Vice President for Finance immediately if credit cards need to be canceled, especially for all departing employees.

At the end of each calendar month, credit card holders are to review their online statements carefully, code each item with the appropriate general ledger account, and submit original and itemized receipts, purpose of the charge/trip and any other relevant documentation to the Accounts Payable Coordinator in the Office of Finance. If expenses are for entertainment, such as meals, documentation regarding the name and title of the attendees and purpose must be included. Print the credit card statement and attach all receipts and documentation and forward to the supervisor, budget manager, or Vice President for approval. Upon approval, the statement and all documentation are to be forwarded to the Office of Finance by the 10th calendar of the month for prior month expenses.

Undocumented Credit Card Expenditures

The University is under ever-increasing scrutiny by auditors and the government (state and federal). As a result, it is required to be stringent in following and adhering to controls and procedures dictated by these external parties. According to IRS regulations, as documented in IRS Publications 463 and IRS Publication 535, any unsubstantiated or unrelated charges that were paid on behalf of an employee must be reported as taxable income in Box 1 of the employee's Form W-2. Therefore, it is crucial that documentation for credit card charges be provided in a timely manner. The University requires that the documentation be received by the Office of Finance within 10 calendar days from the end of the month in which the expenses have incurred. Undocumented amounts are the cardholder's responsibility and may be subject to federal tax and other mandated withholding taxes. Failure to submit documentation and expense reports in a timely manner may result in the loss of the use of the University credit card.

Lost or Stolen Cards

Credit cards should be kept in a safe place. Please report lost or stolen credit cards to Elan's Customer Service Department at 800-344-5696 immediately and notify the Associate Vice President for Finance as soon as possible.

Fraudulent Credit Card Charges

The cardholder is responsible for reconciling, disputing and resolving any discrepancies on their statement by contacting the Elan's Customer Service Department at 800-344-5696 and Accounts Payable Coordinator in the Office of Finance. If a cardholder suspects any fraudulent activity on

their credit card, they are to contact Elan's Customer Service Department at 800-344-5696 in addition to the Accounts Payable Coordinator in the Office of Finance.

Credit Limits

If a credit card holder experiences difficulties with their credit card while on the road, please contact Elan's Customer Service Department at 800-344-5696 directly to resolve any issues. In addition the cardholder may also contact the Associate Vice President for Finance in the Office of Finance.

Credit limits can be adjusted as needed, temporarily or permanently, with the approval of the cardholder's supervisor and Associate Vice President for Finance. Cardholders must forward the request to their supervisor and the Associate Vice President for Finance in the Office of Finance for approval.

V. Related Policies


FA 1.3 Gift Card Policy

FA 1.1 Purchasing Policy

Appendix IX: VWU Credit Cardholder Agreement

Appendix X: Allowable Business Expenses

FA 1.3 Gift Card Policy

	Policy Title: Gift Card Policy Approved by: Vice President for Finance Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: FA 1.3
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Gift Card Policy

I. Purpose

The purpose of this policy is to establish clear guidelines and procedures for the purchase of gift cards with University funds.

II. Scope/Applicability

All University employees.

III. Definitions/Key Terms

Gift Card: any form of stored-value card, certificate, or electronic voucher that is issued by a specific retailer, vendor, or financial institution; preloaded with a specific monetary value or a predetermined range of values; intended for use as a method of payment or credit towards purchases of goods or services; transferable to another individual for the purpose of redeeming the stored monetary value. This definition includes, but is not limited to, traditional plastic gift cards, electronic gift certificates, digital vouchers, and virtual gift cards issued by online retailers or service providers.

IV. Policy

Gift Cards to Employees

Gift cards purchased with VWU funds and distributed to student employees, hourly staff employees, and salaried employees will be considered taxable wages to the employee. The face value of the gift card will be included on the employee's Form W-2. This includes gift cards given as thank-you gifts, holiday gifts, administrative assistant gifts, prizes, awards, incentives, or for any other reason. It includes gift cards purchased using purchase orders, petty cash funds, through the University bookstore and accounts payable reimbursements. Credit cards may not be used to purchase gift cards.

Gift Cards to Non-Employees

Gift cards purchased with University funds and distributed to non-employees (including students who are not employed in an on-campus job) will be reported on a Form 1099-Misc if the cumulative annual amount is \$600 or more. This includes gift cards given as thank-you gifts, holiday gifts, prizes, awards, incentives, or for any other reason. It includes gift cards purchased

using purchase orders, petty cash funds, through the University bookstore and accounts payable reimbursements. Credit cards may not be used to purchase gift cards.

Documentation Required

Accounts payable or petty cash requests for reimbursement for gift cards must include documentation listing the following, whether for employees or non-employees:

- Gift card recipient
- Social security number
- Address
- Amount of the gift card
- Purpose of gift

This information is necessary for the University to comply with the appropriate tax reporting requirements. Please complete form in Appendix XI (Gift Card Documentation form) and return to Associate Vice President for Finance.

IRS regulations dictate that gift certificates, gift cards, and gift coupons with a stated face value are considered cash equivalents and therefore are subject to employment taxes, regardless of their value. The IRS views gift cards as a cash fringe benefit, and as such, they are never excludable from an employee's taxable income. In the case of a non-employee, the IRS requires the reporting of prizes and awards received in excess of \$600 in Box 3 of Form 1099-Misc.

The IRS has differentiated between gift cards and "de minimus fringe benefits". De minimus fringe benefits are small in value, provided infrequently, and difficult or administratively impractical to measure. Therefore, these benefits, unlike gift cards, may be excluded from an employee's gross wages.

It is prudent to apply this concept to prizes and awards in general, and to maintain a modest limit for all non-cash prizes and awards distributed on campus.


V. Related Policies

FA 1.2 Credit Card Policy

Appendix XI: Gift Card Documentation form

OTHER CAMPUS COMMUNITY POLICIES

CC 1.1 Inclusion of Transgender Students and Employees

	Policy Title: Inclusion of Transgender Students and Employees Approved by: Senior Vice President Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: CC 1.1
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Inclusion of Transgender Students and Employees

I. Purpose

The purpose of this policy is to affirm the University's commitment to fostering a safe, respectful, and inclusive environment for all individuals, ensuring equitable treatment, access to resources, and support for transgender students and employees.

II. Scope/Applicability

All members of the University community.

III. Definitions/Key Terms

Not Applicable.

IV. Policy

Virginia Wesleyan University commits not merely to follow applicable federal and state law regarding non-discrimination, but to promote through training, education, counseling, and administration equal opportunities and a supportive, respectful, and caring environment for all persons.

With regard to the privacy rights of a transgender person, Virginia Wesleyan will recognize or protect the identity of a transgender student or employee as requested by the affected transgender person.

The University invites students and employees to self-identify as a member of any protected class or status so that it can take appropriate steps to ensure that they suffer no discrimination. Alternatively, persons choosing not to self-disclose will not be placed at any disadvantage with respect to any University benefit or practice.

For purposes of institutional correspondence and records, students and employees shall be given the option of designating an appropriate prefix among these options: no prefix, Mr., Ms., Mrs., or Dr.

Unless a restroom facility is expressly excluded from this regulation, Virginia Wesleyan University policy is that persons can use the single-sex restroom that matches their gender identity. The University has gender-neutral restrooms on the first floor of Clarke Hall, on the first floor of Pruden Hall, and in Eleanor and Henry Watts Grand Lobby of the Susan S. Goode Fine and Performing Arts Center.

Unless a locker room facility is expressly excluded from this regulation, Virginia Wesleyan University policy is that persons can use the single-sex locker room that matches their gender identity.

Complaints of discrimination, sexual harassment, or bullying by or against transgender students are handled in a manner consistent with existing policies on these matters; Complaints of discrimination on the basis of sexual orientation, gender identity, or gender expression shall be handled according to the procedures already in place for dealing with complaints for gender discrimination.

Virginia Wesleyan follows NCAA policy on transgender athletes.

V. Related Policies

HR 3.22 Discrimination and Harassment (Staff and Student Respondents)


HR 3.6 Non-Fraternization Policy

HR 3.2 Statement of Non-Discrimination

HR 3.20 Title IX Sex Based Harassment and Discrimination Policy

Faculty Handbook Harassment Policy

CC 1.2 Intellectual Property and Technology Transfer

	Policy Title: Intellectual Property and Technology Transfer Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: CC 1.2
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Intellectual Property and Technology Transfer

I. Purpose

This policy is implemented as part of our mission as a not-for-profit institution. The specific aims of the policy are to:

- Ensure that the traditional rights of scholars and researchers to the monetary and other benefits of their labor are respected.
- Protect the rights of the University (which it might or might not choose to exercise) with respect to intellectual property created with substantial University resources beyond normal use, or with substantial resources dedicated to the creator's use in the production of the property.
- Encourage the development and dissemination of intellectual property by providing appropriate incentives to creators and the University.
- Facilitate the wide transfer of useful inventions, writings and works of art to society.
- Protect the University's name and trademarks.

II. Scope/Applicability

This policy applies to all intellectual property meeting the criteria for University ownership as described in the University Ownership section of this policy, produced by covered individuals, acting individually or in groups, performing research or engaging in work or study at Virginia Wesleyan or in connection with a University program.

III. Definitions/Key Terms

Creator: refers to the individual(s) who invent, author, create, or were otherwise responsible for the intellectual creation of the intellectual property, as defined in the applicable intellectual property statutes.

Intellectual Property: refers to inventions, creations, new processes, etc. It includes any work eligible for copyright protection and any invention eligible for patent protection under U.S. or international law.

Net Income: means the gross monetary payments the University receives as a result of transferring rights in the intellectual property less the University's out-of-pocket expenditures (including legal fees) directly attributable to protecting, developing, and transferring that intellectual property.

Regular Academic Work Product: means any copyrightable work product which is an artistic creation or which constitutes, or is intended to disseminate the results of, academic research or scholarly study. Regular academic work products include, but are not limited to, books, class notes, theses and dissertations, course materials designed for the web, distance education and other technology-oriented educational materials, articles, poems, musical works, dramatic works, pantomimes and choreographic works, pictorial, graphic and sculptural works, or other works of artistic imagination. Software specifically needed to support a regular academic work product or which is designed to disseminate the results of academic research and scholarly study is also considered a regular academic work product.

Covered Individual: means persons who are:

- Employed by Virginia Wesleyan, including full-time and part-time faculty members, adjunct faculty, administrative officers, and staff members;
- Independent contractors or consultants;
- All Virginia Wesleyan students. For the purpose of this policy, a “student” is any individual who registers for a course at Virginia Wesleyan; and
- Anyone using University facilities or resources under the supervision or with the permission of University personnel, including, but not limited to, volunteers.

Specially Commissioned Work: means a work specially ordered or commissioned by the University and which the University and the creator expressly agree in a written instrument signed by them shall be considered as such.

IV. Policy

Introduction

Virginia Wesleyan University is a community dedicated to teaching, scholarship, and research. The University seeks to encourage creativity and innovation among its faculty, students, and staff. To support this endeavor, the University provides equipment, facilities, information resources, and personnel. The University also seeks specific support for creative activity from external sources, both private and public.

Increasingly, intellectual property and technology transfer are matters of importance to Virginia Wesleyan because of their potential to advance the state of knowledge and contribute to the greater social good; to absorb substantial institutional resources in their creation; to generate income; and to raise ethical and legal questions of actual or perceived conflict of interest for the inventor and the University.

Traditionally, in institutions of higher learning, the ownership of literary, artistic, and scholarly works has rested with the creator.

The policy exists to encourage creativity, innovation, and research, clarify ownership of intellectual property rights, create opportunities for public use of University innovations, and provide for the equitable distribution of monetary and other benefits derived from intellectual property. Its focus is on the determination of a property’s ownership and the equitable division of

the rewards stemming from it. This policy does not reverse the traditional ownership by the creator of, for example, a poem, a painting, or a scholarly work.

Administrative Procedures

The development of a work of intellectual property that might be copyrightable or patentable and meets the criteria for University ownership as described in the University Ownership section below shall be reported fully and in writing, at the earliest time possible, to the Provost of the University. The Provost will promptly meet with the inventor to consider the issues of ownership, copyright, and patent, all aspects of the invention, including but not limited to the extent to which University resources have been used and the distribution of potential proceeds. It is assumed that in most cases a timely and amicable agreement will be reached.

If an agreement cannot be reached, the school deans (or the appropriate vice president or supervisor in the case of a staff member) will review the circumstances attending the development of the intellectual property, including the prior investment of University resources, and make a recommendation to the Provost of the University.

University Ownership

The University shall own copyright only in the following three circumstances:

1. The University expressly directs a faculty member to create a specified work, or the work is created as a specific requirement of employment or as an assigned institutional duty that may, for example, be included in a written position profile or an employment agreement.
2. The faculty author has voluntarily transferred the copyright, in whole or in part, to the institution. Such transfer shall be in the form of a written document signed by the faculty author.
3. The University has contributed to a "joint work" under the Copyright Act. The institution can exercise joint ownership under this clause when it has contributed specialized services and facilities to the production of the work that goes beyond what is traditionally provided to faculty members generally in the preparation of their course materials. Such arrangement is to be agreed to in writing, in advance, and in full conformance with other provisions of this agreement.

Exceptions to University Ownership

1. Regular Academic Work Product. A regular academic work product is owned by the creator and not the University.
2. Course Requirement. Intellectual property created solely for the purpose of satisfying a course requirement is owned by the creator and not the University.
3. Pre-Existing Rights. If the intellectual property referred to in 1 and 2 is a derivative of or otherwise uses preexisting University-owned intellectual property, this section shall not prevent the University from asserting its preexisting rights.
4. Contractual Agreements. For intellectual property created in the course of or pursuant to work done under agreement between the University and external sponsor(s), ownership

will be determined in accordance with the terms of the University's agreement with the external party and applicable law.

Use of Intellectual Property

Rights to Publish. Nothing in this policy shall be construed as affecting the rights of a creator to publish, except that in cases when University ownership has been established the creator must agree to observe a brief period of delay in publication or external dissemination if the University so requests and such a delay is necessary to permit the University to secure protections for intellectual property disclosed to it by the creator.

Use of Teaching Materials. In order to facilitate joint work on teaching materials and support collaborative teaching, and notwithstanding the ownership rights otherwise granted by this policy, individuals who contribute teaching materials used in jointly developed and taught University courses thereby grant a nonexclusive, nontransferable license to the University to permit other contributors to the course to continue using those jointly produced teaching materials in University courses.

Derivative Works. Jointly owned works (under University Ownership section above) enable both the faculty member and the University to independently or cooperatively create derivative works from those works where there is shared ownership. As an example, if the University pays a faculty member to develop an online course under a joint ownership agreement stipulated in writing, the faculty member retains the right to develop derivative works, such as an online textbook or a lab manual, and the university also retains the right to develop derivative works, such as modifications to the master course from those online course materials.

Distribution of Income

1. In cases where no use has been made of University equipment, facilities, or employee and/or student time, or in traditional cases involving the creation of literary, artistic, and scholarly work, the University will have no claim of equity. In cases where this applies, the inventor is at liberty to pursue patent negotiations independently. However, in such cases, the name of the University may not be used in connection with inventions in which the University has no equity interest without prior written permission.
2. In cases where the University does have equity rights according to the University Ownership section and there has been normal use of University equipment, facilities, or employee and/or student time devoted to the invention, the University will be deemed to have a 40% of gross equity interest in the invention.
3. In cases where the University does have equity rights according to the University Ownership section and there has been significantly above normal use of University equipment, facilities, or employee and/or student time or University contributions, including additional salary, devoted to the development of the invention, the University will be deemed to have a 60% of gross equity interest in the invention.
4. In cases that would normally be covered by 2 and 3, above but where gross equity has been determined to be less than \$5,000, the University shall assert no claim of a percent of gross equity interest.

University Responsibilities

The University shall have the responsibility to:

1. Provide oversight of intellectual property management and technology transfer.
2. Establish effective procedures for licensing and patenting intellectual property.
3. Promote effective distribution and marketing of intellectual property.
4. Protect the University's intellectual property.
5. Inform individuals covered by this policy about its provisions.

Responsibilities of Applicable Individuals

Covered individuals have a responsibility to:

1. Adhere to the principles and procedures embodied in this policy.
2. Create, retain, and use intellectual property according to the applicable local state, federal, and international laws and University policies.
3. Disclose promptly in writing intellectual property owned by the University pursuant to this policy or created pursuant to sponsored research or other contractual arrangements with external parties that are governed by paragraph 4 of the University Ownership section, and assign title to such intellectual property to the University or its designee to enable the University to satisfy the terms of any applicable funding or contractual arrangement.
4. Cooperate with the University in securing and protecting the University's intellectual property, including cooperation in obtaining patent, copyright, or other suitable protection for such intellectual property and in legal actions taken in response to infringement.


Compliance

Failure to comply with the provisions of this policy is a violation and may result in discipline of an employee in accordance with applicable University policies and procedures.

V. Related Policies

Not Applicable.

CC 1.3 Lobbying and Political Activities

	Policy Title: Lobbying and Political Activities Approved by: Chief of Staff/ Vice President for Strategic Initiatives Effective: July 1, 2024 Revised: June 30, 2024 Policy No.: CC 1.3
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Lobbying and Political Activities

I. Purpose

The purpose of this policy is to comply with federal laws regarding lobbying activities, as well as IRS regulations which prohibit participation in political activities and to protect Virginia Wesleyan University from imposition of excise tax, penalties, or revocation of tax-exempt status.

II. Scope/Applicability

All University employees, students, and volunteers and other third-parties when acting on behalf of or representing the University or utilizing Virginia Wesleyan University resources in connection with a political campaign or lobbying activity.

III. Definitions/Key Terms

Lobbying Activity: means influencing or intending to influence a Member of Congress or their staff, a State or local legislator or their staff, or certain local, state and federal government agency staff and leadership.

Political Activity: activity, including oral or written statements and financial support, that is directed toward the success or failure of a political party, candidate for election in a partisan political campaign for public office, a partisan political group or ballot initiative.

Political Campaign: a race between candidates for elective office, or other organized effort towards a particular election result, including for ballot initiatives.

University Resources: includes but is not limited to Virginia Wesleyan University letterhead, seal, marks, logos, email, internet, phones, webpages, social media, administrative support, printers, office supplies, campus facilities and spaces, mailing lists, etc.

University Community: means Virginia Wesleyan University employees, volunteers, students, and other third-parties when acting on behalf of or representing the University or utilizing Virginia Wesleyan University resources.

IV. Policy

Virginia Wesleyan University is a tax-exempt 501(c)(3) corporation. As a tax-exempt institution, political activities on any Virginia Wesleyan University campus or facility must be conducted in a

neutral and nonpartisan manner, and in furtherance of the University's legitimate education function. Accordingly, the University as an entity and members of the University community individually are not permitted to use University resources of any kind in connection with any political campaign activity.

In addition, federal laws, including the Lobbying Disclosure Act of 1995 as amended, places limitations on lobbying activity and other engagement with candidates, elected officials, and associated staff by employees of the University. Because of these limits and reporting requirements for lobbying, all University staff and faculty are prohibited from engaging in lobbying activities on behalf of the University unless specific and prior authorization has been granted by the Office of the President.

Activities Undertaken as an Individual

The University does not discourage members of the University community from participating in political activity or lobbying activity during their personal time or as representatives of groups or organizations they are part of. However, individuals engaging in these activities on a personal basis must clearly indicate that they are doing so independently and not as representatives of Virginia Wesleyan University. With limited exceptions for specific student activities, University resources may not be used for any Political Activity. Utilization of University resources for Lobbying Activity in a personal capacity is permitted only with prior written approval from the Office of the President.

Activities Undertaken as a University Representative

Political Activities

To ensure the University does not jeopardize its tax-exempt status or incur excise taxes on political expenditures, members of the University community acting in their capacity as representatives of Virginia Wesleyan University may not engage in any of the following activities:

1. Endorsing or opposing any candidate for public office.
2. Donating or contributing University funds to political campaigns, parties, or PACs.
3. Participating or engaging in political fundraising.
4. Publishing or distributing materials for or against any candidate or political party.
5. Using University resources to host or conduct a partisan political event or support a particular candidate, political party, PAC, or the like.
6. Engaging in any other activity that favors or opposes any candidate for public office.

In addition, the following guidelines regarding political activities shall be observed:

1. All address lists used by the University are considered confidential and may not be shared with candidates or parties.
2. Campaign posters are not permitted in public spaces on campus. Student residents, however, may post campaign posters in their residence hall rooms in compliance with University and residence hall policies.

3. University information systems, including any postal service, phone system, or computer network, may not be used in support of one particular candidate, political party, PAC, or the like.
4. The University's name, logo, and insignia may not appear on stationery or any other material used or intended for support of a particular candidate. This prohibition also applies to any University entities supported in whole or part by University funds, such as registered student organizations.
5. University social media platforms and webpages may not be used to express or provide support for a particular candidate if the statements or information can be reasonably attributed to the institution.
6. For voter registration activities:
 - a. The activities must not be intended to target voters of a particular candidate or party or to help particular candidates.
 - b. The University must not promote voting in any particular fashion with respect to any issues that may be placed before the voters.
 - c. All voter registration forms must be widely available to students.

See also the following ACE guidelines, which members of the University community should also observe: <https://www.acenet.edu/Documents/Student-Voting-and-College-Political-Campaign-Activities-Issue-Brief.pdf>

Lobbying Activity

The Lobbying Disclosure Act as amended places quarterly reporting requirements on lobbying activities with political candidates, elected officials, and associated staff by employees representing the University. Because of these reporting requirements, all contact with elected government officials and other senior government officials on behalf of the University must be coordinated with the Office of the President.

Gifts to Government Officials

Each level of government imposes rules regarding gifts to government officials, ranging from outright bans of gifts to imposing limits on the value of gifts. Consequently, University employees may not offer any gift to a government official without prior clearance from the Office of the President.

Use of University Grounds and Property by Candidates for Political Office

On occasion, the University may offer declared candidates for political office the opportunity to utilize its facilities during a campaign to engage and educate supporters, opponents and undecided voters, including the campus community. However, such events must conform to the requirements below:

1. The appearance of a candidate for public office on University property must be for an educational or informational talk to the community and must be sponsored by a registered student, faculty, administrative, or staff organization. Appearances must be coordinated with the Office of the President, which will ensure that opportunities to

appear on campus are extended to all viable candidates running for a particular public office. The event shall not be conducted as a campaign rally, and the moderator shall make it clear that the University does not support or oppose the candidate.

2. All events held on University grounds or property featuring candidates for public office shall be open to the general community. An "open" event is defined as one for which no fewer than one-half the available seats or spaces are available to the general University community based on a non-biased distribution of tickets (such as first-come, first-served).
3. The University shall consider all requests for facility use by campaigns to be rental requests. Though the University may waive all regular rental fees for approved campaign appearances, a candidate/campaign will be responsible for any costs related to their proposed events (including staging, security, catering, etc.). "Approved campaign appearances" will be those that are classified as open meetings.
4. University buildings and grounds shall not be rented or used for political fundraising and recruitment. For example, a meeting on campus with an organizer for a specific candidate that is focused on recruiting campaign workers from the student population would be a violation of these guidelines. On the other hand, a University graduate now working for a particular candidate speaking on campus to a group of students about what it has been like to be in the political arena, and what the candidate's particular experience has been, would be allowable.
5. Requests for facility use will be denied if:
 - a. A suitable, accessible facility is unavailable at the time/date requested.
 - b. The appearance is determined to be disruptive, given its time, topic or projected headcount, to the University's educational mission.
 - c. The candidate appearing commonly espouses views or beliefs that would, were they a student, violate the University's employee or student codes of conduct (such as "hate speech").

V. Related Policies

Not Applicable.

APPENDIX I: Decision Matrix

DECISION MATRIX

Decision	Board	President	President's Cabinet	Provost/VPAA	VPF	SVP	CoS/VPSI	VPGC	VPE	CAT	EPC	CAS	AC	GC	FSWC	AMC	TIX	Dept. Managers	Faculty	Staff	University
University Mission	A	A	D																C	I	I
Strategic Plan for University	C, A	A	D										C			C, I		C, I	C, I	C, I	I
Campus Master Plan	A	A	D										C			C		C, I	C	C	I
University Budget	A	D	C		D								R					R	I	I	I
Division/Schools/Department Budget			D										R					R			
President's Goals	A	D	C																I	I	
Great Goals!	C, A	A	D										C			I		C, I	C	C	I
Academic Schools/Departments Goals			D	R				R					R						C, I		
Non-Academic Department Goals			D		R	R	R	R	R							I		C		C, I	
Promotion and Tenure	A	D		R						R			C						I	I	I
Curriculum Reform	A	A	C	C							R		R						D		I
Faculty Emeritus	A	D		R															R	I	I
Honorary Degrees/ Wesley Awards	A	D					R												I	I	I
Articulation Agreements	A	D	I	R	C			R			C		R						C, I	I	I
Admission Standards	A	D							D												
Graduation Requirements (Standard)	D	A	I	R	C	C					R		R						R		I
Graduation Requirements (Fulfillment)	A	A		D	C	C													R		
Dismissal of Students (Academic)		A		D	R	R						R									
Dismissal of Students (Administration)		A			R	D															
Graduate Programs, Policies, and Practices		A		R				D						R							
Personnel Decisions		A	D		C													C			
Benefits Changes	A	D	R		R														I	I	I
Human Resource Policies	I	A	D		R		R					R		C				C, I	I	I	I
Title IX Compliance	I	A			C	C, D		C									D				
Endowment Investment	D	C		C																	
Capital Projects	D	R	R		R														I	I	I
Election of Trustees	D	R, C																			I

C: Consulted

R: Offers Recommendations

D: Makes Decision

A: Approves or Accepts Decision

I: Is Informed of Decision

AC: Academic Council

AMC: Athletic Management Council

CAS: Committee on Academic Standing

CAT: Committee on Advancement and Tenure

CoS/VPSI: Chief of Staff/ Vice President for Strategic Initiatives

EPC: Educational Programs Commission

FSWC: Faculty Standards and Welfare Committee

Provost/VPAA: Vice President for Academic Affairs

SVP: Senior Vice President

VPE: Vice President for Enrollment

VPF: Vice President for Finance

VPGC: Vice President for WWU Global Campus

TIX: Title IX Committee

APPENDIX II: Particularly Hazardous Substances Definitions

Particularly hazardous substances fall into the following three major categories: acute toxins, reproductive toxins and carcinogens.

Acute Toxins

Substances that have a high degree of acute toxicity are substances that may be fatal or cause damage to target organs as the result of a single exposure or exposures of short duration. They can be defined as:

1. A chemical with a median lethal dose (LD50) of 50 mg or less per Kg of body weight when administered orally to albino rats weighing between 200 and 300 g each;
2. A chemical with a median lethal dose (LD50) of 200 mg or less per Kg of body weight when administered by continuous contact for 24 hours (or less if death occurs within 24 hours) with the bare skin of albino rabbits weighing between 2 and 3 Kg each; and
3. A chemical that has a median lethal concentration (LC50) in air of 5000 ppm by volume or less of gas or vapor, or 50 mg per liter or less of mist, fume, or dust, when administered by continuous inhalation for 1 hour (or less if death occurs within 1 hour) to albino rats weighing between 200 and 300 g each.

Reproductive Toxins

Reproductive toxins include any chemical that may affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis). A list of reproductive toxins is maintained online at: <https://www.vdh.virginia.gov/environmental-health/public-health-toxicology/toxic-substances-surveillance/>

Carcinogens

Carcinogens are chemical or physical agents that cause cancer. Generally, they are chronically toxic substances; that is, they cause damage after repeated or long-duration exposure, and their effects may only become evident after a long latency period.

The term “regulated carcinogen” means a recognized cancer causing substance, compound, mixture, or product regulated by VA/OSHA. *See Attachment B for the specific list of Regulated Carcinogens.*

The term “Listed Carcinogen” refers to a specific list of 13 chemicals regulated by VA/OSHA and Federal OSHA and has specific use and handling requirements. *See Attachment C for the specific list of Listed Carcinogens.*

The term “select carcinogen” refers to a category of chemicals where the available evidence strongly indicates that the substances cause human carcinogenicity. A select carcinogen meets one of the following criteria:

1. It is regulated by VA/OSHA as a carcinogen; or
2. It is listed under the category “known to be carcinogens” in the annual report by the National Toxicology Program (NTP); or
3. It is listed under Group 1 – “carcinogenic to humans” – by the International Agency for Research on Cancer (IARC); or
4. It is listed in either Group 2A or Group 2B by the IARC or under the category “reasonably anticipated to be carcinogens” by the NTP, and causes statistically significant tumor incidence in experimental animals in accordance with any of the following criteria:
 - a. After inhalation exposure of 6-7 hours per day, 5 days per week, for a significant portion of a lifetime to dosages of less than 10 mg/m³;
 - b. After repeated skin application of less than 300 mg/kg of body weight per week; or
 - c. After oral dosages of less than 50 mg/kg of body weight per day.

APPENDIX III: Regulated Carcinogens

The term “regulated carcinogen” means a recognized cancer causing substance, compound, mixture, or product regulated by VA/OSHA. For more information, contact the Department of Chemistry and Biochemistry Chair.

- Acrylonitrile
- Arsenic metal and inorganic arsenic compounds
- Asbestos
- Benzene
- 1,3-butadiene
- Cadmium metal and cadmium compounds
- Chromium(VI) compounds
- Coke Oven Emissions
- 1,2-Dibromo-3-chloropropane (DBCP)
- Ethylene Dibromide (EDB)
- Ethylene Oxide (EtO)
- Formaldehyde gas and formaldehyde solutions
- Lead metal and inorganic lead compounds
- Methylene Chloride
- 4,4'-Methylene bis(2-chloroaniline) (MBOCA)
- Methylenedianiline (MDA)
- Vinyl Chloride
- 2-Acetylaminofluorene
- 4-Aminodiphenyl
- Benzidine (and its salts)
- 3,3'-Dichlorobenzidine (and its salts)
- 4-Dimethylaminoazobenzene
- alpha-Naphthylamine
- beta-Naphthylamine
- 4-Nitrobiphenyl
- N-Nitrosodimethylamine
- beta-Propiolactone
- bis-Chloromethyl ether
- Methyl chloromethyl ether
- Ethyleneimine

APPENDIX IV: Listed Carcinogens

The term “listed carcinogen” refers to a specific list of 13 chemicals regulated by VA/OSHA and Federal OSHA and has specific use and handling requirements. For more information, contact the Department of Chemistry and Biochemistry Chair.

- 2-Acetylaminofluorene
- 4-Aminodiphenyl
- Benzidine (and its salts)
- 3,3'-Dichlorobenzidine (and its salts)
- 4-Dimethylaminoazobenzene
- alpha-Naphthylamine
- beta-Naphthylamine
- 4-Nitrobiphenyl
- N-Nitrosodimethylamine
- beta-Propiolactone
- bis-Chloromethyl ether
- Methyl chloromethyl ether
- Ethyleneimine

APPENDIX V: Requirements for Safe Chemical Storage

Ensure all containers of hazardous chemicals are properly labeled with the identity of the hazardous chemical(s) and appropriate hazard warnings.

1. All chemicals should be labeled and dated upon receipt in the lab and on opening. This is especially important for peroxide-forming chemicals such as ethers, dioxane, isopropanol, and tetrahydrofuran.
2. Segregate all incompatible chemicals for proper storage by hazard class. In other words, store like chemicals together and away from other groups of chemicals that might cause reactions if mixed. Refer to Attachment E for examples of incompatible chemicals.
3. Do not store chemicals alphabetically except within a grouping of compatible chemicals. Refer to Attachment F for Basic Chemical Segregation
4. Flammable materials should be stored in an approved, dedicated flammable materials storage cabinets or storage rooms if the volume exceeds ten gallons.
5. Keep cabinet doors closed except when transferring chemicals to smaller containers for use in experiments and research. All chemicals should be labeled and dated upon receipt and on opening. This is especially important for peroxide forming chemicals such as ethers, dioxane, isopropanol and tetrahydrofuran.
6. Chemicals should be stored no higher than eye level and never on the top shelf of a storage unit. Do not overcrowd shelves. Each shelf should have an anti-roll lip.
7. Do not store chemicals on the floor (even temporarily) or extending into traffic aisles.
8. Liquids should be stored in unbreakable or double-contained packaging, or the storage cabinet should have the capacity to hold the contents if the container breaks.
9. Store acids in a dedicated acid cabinet. Nitric acid may be stored there, but only if it is kept isolated from all other acids.
10. Store highly toxic or controlled materials in a locked, dedicated poison cabinet. Volatile or highly odorous chemicals block proper air flow in hoods and reduce available work space.
11. Solutions should be labeled and dated. Chemicals shall be stored in ventilated cabinets. Chemical fume hoods shall not be used for storage.
12. Look for unusual conditions in chemical storage areas, such as:
 - Improper storage of chemicals
 - Leaking or deteriorating containers
 - Spilled chemicals
 - Temperature extremes (too hot or cold in storage area)
 - Lack of or low lighting levels
 - Blocked exits or aisles
 - Doors blocked open, lack of security
 - Trash accumulation

Open lights or matches

13. Fire equipment blocked, broken or missing
14. Lack of information or warning signs ("Flammable liquids", "Acids", "Corrosives", "Poisons", etc.)
15. First aid supplies, emergency phone numbers, eyewash and emergency shower equipment, fire extinguishers, spill cleanup supplies and personal protective equipment should be readily available and personnel trained in their use.
16. Chemicals stored in explosion-proof refrigerators or cold rooms shall be sealed and labeled with the name of the person who stored the material in addition to all other required hazard warnings.
17. Only compressed gas cylinders that are in use and secured in place shall be kept in the laboratory. All others, including empties, shall be sent to the compressed gas cylinder storage area for the particular facility.
18. Keep all stored chemicals, especially flammable liquids, away from heat and direct sunlight.
 - Proper segregation is necessary to prevent incompatible materials from inadvertently coming into contact. A physical barrier and/or distance is effective for proper segregation.
 - No other materials (cardboard, rags, etc.) should be stored inside cabinets. Doors must be kept closed and vents opened.
 - Proper storage information can usually be obtained from the Material Safety Data Sheet (MSDS), label, or other chemical reference material. As required by 29 CFR 1910.1200, an SDS must be on hand for every hazardous chemical in your workplace. SDSs must be provided by the manufacturer or distributor of chemicals purchased.

Waste Disposal

1. Wastes should be accumulated in drums or containers less than or equal to 55 gallons.
2. Waste storage areas should be checked weekly for leaks or spills.
3. Waste containers should be labeled with contents, hazards (flammable, combustible, acid, etc.) and accumulation dates. As a Very Small Quantity generator, waste quantities stored on campus must be limited to 1000 kilograms (2205 lb.).
4. Waste must be transported and disposed of by state certified vendors with approved financial and operational resources.

Summary Tips

1. Do not purchase compounds in quantities greater than can be used in the specified storage time period.
2. Label containers with receiving, opening and disposal dates.
3. Ethers should be stored in the dark and under nitrogen if possible.
4. Always check for the presence of peroxides before distilling any peroxide-former.
5. Consult safety references (i.e., SDS) before working with peroxidizable compounds.

If old containers of peroxide-forming chemicals are found, do not move them. Contact the Department of Chemistry and Biochemistry Chair for assistance in disposing of the container. Refer to Attachment G – Storage Time Limits for Common Peroxidizable Compounds.

APPENDIX VI: Examples of Incompatible Chemicals

The following list is not a complete listing of incompatible materials. It contains some of the more common incompatible materials.³ Always research materials you work with in order to work safely in the lab. Contact the Department of Chemistry and Biochemistry Chair with any questions.

Chemicals listed in Column A should not be stored with or used near items in Column B.

Column A	Column B
Acetic acid	Chromic acid, nitric acid, hydroxyl compounds, ethylene glycol, perchloric acid, peroxides, permanganates
Acetic anhydride	Hydroxyl-containing compounds such as ethylene glycol, perchloric acid
Acetone	Concentrated nitric and sulfuric acid mixtures, hydrogen peroxide
Acetylene	Chlorine, bromine, copper, fluorine, silver, mercury
Alkali and alkaline earth metals such as powdered magnesium, sodium, potassium	Water, carbon tetrachloride or other chlorinated hydrocarbons, carbon dioxide, halogens
Ammonia (anhydrous)	Mercury, halogens, calcium hypochlorite, hydrofluoric acid
Ammonium nitrate	Acids, metal powders, flammable liquids, chlorates, nitrites, sulfur, finely divided organic or combustible

³ Adapted from *Prudent Practices in the Laboratory: Handling and Disposal of Chemicals*, National Research Council, 1995, with additions from OHS.

	materials
Aniline	Nitric acid, hydrogen peroxide
Arsenical materials	Any reducing agent
Azides	Acids, heavy metals and their salts, oxidizing agents
Calcium oxide	Water
Carbon, activated	All oxidizing agents, calcium hypochlorite
Carbon tetrachloride	Sodium
Chlorates	Ammonium salts, acids, metal powders, sulfur, finely divided organic or combustible material
Chlorine dioxide	Ammonia, methane, phosphine, hydrogen sulfide
Chromic acid and chromium trioxide	Acetic acid, alcohol, camphor, glycerol, naphthalene, flammable liquids in general
Copper	Acetylene, hydrogen peroxide
Cumene hydroperoxide	Acids (organic or inorganic)
Cyanides	Acids
Flammable liquids	Ammonium nitrate, chromic acid, hydrogen peroxide, nitric acid, sodium peroxide, halogens, other oxidizing agents
Fluorine	All other chemicals
Hydrides	Water
Hydrocarbons (e.g., butane, propane, benzene)	Fluorine, chlorine, bromine, chromic acid, peroxides
Hydrocyanic acid	Nitric acid, alkalis
Hydrofluoric acid (anhydrous)	Ammonia (aqueous or anhydrous)
Hydrogen peroxide	Copper, chromium, iron, most metals or their salts, any flammable liquid (i.e., alcohols, acetone), combustible materials, aniline, nitromethane
Hydrogen sulfide	Fuming nitric acid, oxidizing gases
Hypochlorites	Acids, activated carbon
Iodine	Acetylene, ammonia (aqueous or anhydrous), hydrogen

Mercury	Acetylene, fulminic acid, ammonia
Metal hydrides	Acids, water
Nitrates	Acids
Nitric acid (concentrated)	Acetic acid, acetone, alcohol, aniline, chromic acid, hydrocyanic acid, hydrogen sulfide, flammable liquids, flammable gases, copper, brass, any heavy metals
Nitrites	Acids
Nitroparaffins	Inorganic bases, amines
Oxalic acid	Mercury and silver and their salts
Oxygen	Oils, grease, hydrogen; flammable liquids, solids, or gases
Perchloric acid	Acetic anhydride, alcohol, bismuth, paper, wood, grease, oils
Permanganates	Concentrated sulfuric acid, glycerol, ethylene glycol, benzaldehyde
Peroxides, organic	Acids (organic or mineral), avoid friction, store cold
Phosphorus, white	Air, oxygen, alkalis, reducing agents
Potassium	Carbon tetrachloride, carbon dioxide, water
Potassium chlorate	Sulfuric and other acids, ammonium salts, metal powders, sulfur, finely divided organics, combustibles
Potassium perchlorate (see also chlorates)	Sulfuric and other acids
Potassium permanganate	Glycerol, ethylene glycol, benzaldehyde, sulfuric acid
Silver and silver salts	Acetylene, oxalic acid, tartaric acid, ammonium compounds, fulminic acid
Sodium	Carbon tetrachloride, carbon dioxide, other

	chlorinated hydrocarbons, water
Sodium nitrate	Ammonium nitrate and other ammonium salts
Sodium peroxide	Ethyl or methyl alcohol, glacial acetic acid, acetic anhydride, benzaldehyde, carbon disulfide glycerin, ethylene glycol, ethyl acetate, methyl acetate, furfural
Sulfides	Acids
Sulfuric acid	Chlorates, perchlorates, permanganates

APPENDIX VII: Basic Chemical Segregation

Hazard Class of Chemical	Recommended Storage Method	Examples	Incompatibilities
Compressed gases - Flammable	Store in a cool, dry area, away from oxidizing gases. Securely strap or chain cylinders to a wall or bench.	Methane Hydrogen Acetylene Propane	Oxidizing and toxic compressed gases, oxidizing solids.
Compressed gases - Oxidizing	Store in a cool, dry area, away from flammable gases and liquids. Securely strap or chain cylinders to a wall or bench.	Oxygen Chlorine Bromine	Flammable gases
Compressed gases - Poisonous	Store in a cool, dry area, away from flammable gases and liquids. Securely strap or chain cylinders to a wall or bench.	Carbon monoxide Hydrogen sulfide Nitrogen dioxide	Flammable and/or oxidizing gases.
Corrosives - Acids	Store separately in acid storage cabinet. Segregate oxidizing acids (i.e., Chromic, nitric, sulfuric, and perchloric acids) from organic acids	Acetic acid Phenol Sulfuric acid Chromerge Nitric acid Perchloric acid Chromic acid Hydrochloric acid	Flammable liquids, flammable solids, bases, oxidizers
Corrosives - Bases	Store in separate corrosive storage cabinet. Store solutions of inorganic hydroxides in labeled polyethylene containers.	Ammonium hydroxide Sodium hydroxide Calcium hydroxide	Flammable liquids, oxidizers, poisons, and acids

Hazard Class of Chemical	Recommended Storage Method	Examples	Incompatibilities
Flammable Liquids	Store in flammable storage cabinet and away from sources of ignition. Store highly volatile flammable liquids in an explosion-proof refrigerator.	Acetone Benzene Diethyl ether Methanol Ethanol Toluene Glacial acetic acid	Acids, bases, oxidizers, and poisons
Flammable Solids	Store in a separate dry, cool area away from oxidizers, corrosives, flammable liquids	Phosphorus, yellow Calcium carbide Picric acid Benzoyl peroxide	Acids, bases, oxidizers, and poisons
General Chemicals - Non-reactive	Store on general laboratory benches or shelving preferably behind glass doors and below eye level.	Agar Sodium chloride Sodium bicarbonate Most non-reactive salts	See specific MSDS.
Oxidizers	Store in a spill tray inside a chemical storage cabinet. Separate from flammable and combustible materials.	Ammonium persulfate Ferric chloride Iodine Sodium hypochlorite Benzoyl peroxide Potassium permanganate	Separate from reducing agents, flammables, and combustibles.

Hazard Class of Chemical	Recommended Storage Method	Examples	Incompatibilities
		<p>Potassium dichromate</p> <p>The following are generally considered oxidizing substances: Peroxides, perchlorates, chlorates, nitrates, bromates, and superoxides.</p>	
Poisons/Toxic Compounds	Store separately in vented, cool, dry area, in unbreakable chemically-resistant secondary containers and in accordance with the hazardous nature of the chemical.	<p>Aniline</p> <p>Carbon tetrachloride</p> <p>Chloroform</p> <p>Cyanides</p> <p>Heavy metals compounds, i.e., cadmium, mercury, osmium</p> <p>Oxalic acid</p> <p>Phenol</p> <p>Formic acid</p>	<p>Flammable liquids, acids, bases, and oxidizers.</p> <p>See specific MSDS.</p>
Water-Reactive Chemicals	Store in dry, cool location, protect from water fire sprinkler.	<p>Sodium metal</p> <p>Potassium metal</p> <p>Lithium metal</p> <p>Lithium aluminum hydride</p>	Separate from all aqueous solutions and oxidizers.

Hazard Class of Chemical	Recommended Storage Method	Examples	Incompatibilities
Carcinogens	Label all containers as "Cancer Suspect Agents". Store according to the hazardous nature of the chemical, using appropriate security when necessary.	Benzidine Beta-naphthylamine Benzene Methylene chloride Beta-propiolactone	See specific MSDS.
Teratogens	Label all containers as "Suspect Reproductive Hazard". Store according to the hazardous nature of the chemical, using appropriate security when necessary.	Lead and mercury compounds Benzene Aniline	See specific MSDS.
Peroxide-Forming Chemicals	Store in air-tight containers in a dark, cool, dry area. See Table 3 for recommended storage time limits.	Diethyl ether Acetaldehyde Acrylonitrile	See specific MSDS.
Strong Reducing Agents	Store in cool, dry, well-ventilated location. Water reactive. Segregate from all other chemicals.	Acetyl chloride Thionyl chloride Maleic anhydride Ferrous sulfide	See specific MSDS.

APPENDIX VIII: Storage Time Limits for Common Peroxidizable Compounds

Under proper conditions, these chemicals will form explosive peroxides which can be detonated by shock or heat.

MOST DANGEROUS: Discard after 3 months.

Peroxide formation hazard during storage.

Diisopropyl ether	Potassium metal
Divinyl acetylene	Sodium amide
Isopropyl ether	Vinylidene chloride

DANGEROUS: Discard after one year.

Peroxide formation hazard during storage and on concentration (i.e., distillation) of compound.

Acetal	Dicyclopentadiene	Methyl cyclopentane
Acetaldehyde	Diethyl ether	Methyl isobutyl ketone
Cumene	1,4-Dioxane	Tetrahydrofuran
Cyclohexene	Ethylene glycol dimethyl ether	Tetrahydronaphthalene
Diacetylene	Methyl acetylene	Vinyl ethers

Peroxide formation causes initiation of hazardous polymerization.

Acrylic acid	Chloroprene	Tetrafluoroethylene
Acrylonitrile	Chlorotrifluoroethylene	Vinyl acetate
1,3-Butadiene	Methyl methacrylate	Vinyl acetylene
2-Butanol	2-Propanol	Vinyl chloride
	Styrene	Vinyl pyridine

Appendix IX: VWU Purchasing Card Agreement

VIRGINIA WESLEYAN UNIVERSITY PURCHASING CARD AGREEMENT

I, hereby acknowledge receipt of a VWU purchasing card. As the holder of this purchasing card, I agree to accept responsibility for the protection and proper use of this purchasing card as outlined in this agreement and University policies. I understand this card is issued to myself and not to be transferred to other faculty/staff members or students at any time. I understand that VWU will audit the use of this Purchasing Card. I understand my card is to be used for VWU authorized travel and entertainment only and not for personal purchases. All purchases for goods and services must be processed through the VWU Purchasing Department. My purchasing card will not be used for purchasing gift cards.

My credit card will be reconciled each month and coded through the Bank Credit Card Information System by the end of each calendar month. A printed copy of my statement and receipts will be forwarded to my supervisor for approval and be turned into the Accounts Payable Coordinator in the Finance Office by the 10th of each month. All receipts must be in detail and explain the purchase. I understand purchases not properly coded, lack of receipts and approvals, or lack of urgency to submit documentation and expense reports in a timely manner could cause my card to be suspended or removed.

I further understand that improper use of this purchasing card may result in disciplinary action, up to and including termination of employment. Should I fail to use my purchasing card properly, I authorize VWU to deduct from my salary the amount equal to the total of the discrepancy. I also agree to allow VWU to collect any amounts owed by me even if I am no longer employed by VWU. If VWU initiates legal proceedings to recover amounts owed by me under this agreement, I agree to pay all legal fees incurred by VWU in such proceedings.

I understand VWU may terminate my rights to use this purchasing card at any time for any reason. I agree to return the Purchasing Card to VWU immediately upon request or upon termination of employment.

_____	_____	_____
Cardholder Signature	Department	Date

_____	_____
Cardholder Name Printed	Position

Appendix X: Allowable Business Expenses

To be an allowable business expense, the expense must be:

1. Necessary to perform a valid business purpose fulfilling the mission of the University.
2. Reasonable in that the expense is not extreme or excessive, and reflects a prudent decision to incur the expense.
3. Appropriate in that the expense is suitable and fitting in the context of the valid business purpose.
4. Allowable according to the terms of any federal regulation, sponsored contract, or University policy.

The following are examples of expenses that are generally not reimbursable by the University unless approved by the supervising President or Vice President:

- Airline, car rental and travel insurance in addition to the amount already provided through the University;
- Alcoholic beverages, except as appropriate to meetings related to fund raising, relationship cultivation, business meetings with non-employee guests or other business purposes;
- Annual fees for personal credit cards;
- Any portion of air travel, train travel, auto rental, mileage, hotel costs, or meals for personal use;
- Baby sitter fees, kennel costs, pet or house-sitting fees;
- Cellular or air phone usage (except when documented with an appropriate business purpose);
- Clothing;
- Doctor bills, medicine and other medical services;
- DVDs, in-room movies, and other entertainment related products;
- First Class or Business Class travel
- Gifts to others (unless it can be specifically documented that the gift was for a business purpose);
- Limousine services;
- Membership dues, including airline club dues and country club dues;
- Monthly internet line charges from an employee's personal residence unless appropriate business purpose is documented;
- Personal entertainment (e.g. sporting events, movies, concerts, museums);
- Personal expenses such as magazines, snacks, haircuts, cigarettes, reading materials, toiletries, etc.;
- Sales taxes paid when exemptions are available.
- Saunas, massages or exercise facilities;

- Spouse/partner or other companion travel expenses, when the spouse or other companion's presence is not required by the University;
- Theft, loss or damage to personal property not covered by the VWU insurance policies;
- Traffic fines, court costs, parking violations, automobile repairs, EZ-Pass violations;
- Transportation from home to office to home;
- Unused hotel or travel reservations not properly cancelled;
- Upgrades for air travel, hotel or car rental;
- Valet parking

Appendix XI: Gift Card Documentation Form

Gift Card Documentation

Gift card recipient: _____

Social security number: _____

Street address: _____

City, State, Zip Code: _____

Amount of the gift card received: _____

Date Received: _____

Signature of Recipient: _____