



HLC Accreditation 2020-2021

Evidence Document

WSU Policies and Procedure Manual

Chapter 20 / Miscellaneous Policies

Additional information: See the web page at:
https://www.wichita.edu/about/policy/ch_20/ (Accessed March 10, 2021).



WSU Policies and Procedures

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20.01 / Kansas Open Records Act

Effective: July 01, 1997 Revised: May 08, 2018

I. The Kansas Open Records Act

The Kansas Open Records Act, K.S.A. 45-215 *et seq.* (the "Act") grants the public the right to inspect and obtain copies of public records created or maintained by public agencies in Kansas. The Act declares that "public records shall be open for inspection by any person" unless otherwise indicated by the Act. Wichita State University is considered a public agency for purposes of the Act and complies with all provisions thereof.

II. Public Records Maintained by Wichita State University

Public records are any recorded information, regardless of form, characteristics or location, which are made, maintained or kept by or are in the possession of a public agency or any of its officers or employees pursuant to their official duties and related to the public agency. Public records maintained by the University may include, but are not limited to:

- Policies
- Minutes/records of open meetings
- Salaries of public officials
- Agency budget documents

III. Requesting a Record

Requests to the University for access to or copies of public records under the Act must be made in writing and must include the following contact information:

- Name
- Organization (if requesting on its behalf)
- Mailing address
- Email address
- Daytime phone number
- A specific description of the records requested (all requests should be as specific as possible to expedite the process)

Requests should be made at openrecords.wichita.edu.



IV. Delayed and Declined Requests

All effort is made to fully respond to a records request as soon as it is received. A full response may be delayed if:

- Clarification or refined scope is required;
- Legal issues must be resolved before requested records can be produced;
- The records are archived or stored off-site; or
- The scope or large volume of requested records requires more time to assess record existence, availability, and any fees incurred to produce.

If further delay is required, the University will provide its explanation and the earliest date by which it expects a response.

A request may be declined in whole or in part if:

- The requested records do not exist;
- The requested records are exempt from disclosure by law (see K.S.A. 45-221(a));
or
- The request is insufficiently clear in scope.

Permission to access public records may also be declined if the request "places an unreasonable burden in producing public records or the custodian has reason to believe that repeated requests are intended to disrupt other essential functions of the public agency." See K.S.A. 45-218(e).

V. Fees and Costs

Commensurate with the actual costs of University employee time and resources, fees shall be charged for the retrieval, review (e.g. processing, examining and redacting), and productions of public records. Payment of total estimated fees is required in advance of records production.

In accordance with K.S.A. 45-219, the University has established the following fee schedule:

- Staff rate for retrieval and/or review: based upon employee's annual salary/hourly pay rate
- Outsourcing retrieval and/or review: actual cost incurred by University
- Specialized computer retrieval: \$75/hour
- Digital transmission or mailing fee: \$1.50
- Copying: 10 cents per page



If the actual cost in time and resources exceeds the fee estimate, the requester will be billed for the balance of fees incurred, with full payment required before records production. If the actual cost incurred is less than the fee estimate, the requester will be refunded any difference over \$5.00. Payment must be made at the Office of Financial Operations in Jardine Hall, 2nd floor.

VI. Freedom of Information Officer

For questions regarding the Act or the University's policies under it, or to obtain assistance in resolving disputes related to the Act, contact the Freedom of Information Officer:

Freedom of Information Officer
102 Morrison Hall, Campus Box 62
Wichita State University
Wichita, Kansas 67260-0062
(316) 978-3409
Email: foi@wichita.edu

VII. Non-Compliance

All employees are required to follow this policy and all published associated procedures. Failure to do so may result in discipline, up to and including termination. Any questions regarding this policy or requests made pursuant to this policy shall be directed to the Office of General Counsel.



20.02 / Crisis Management Planning and Preparedness

Effective: December 01, 1999 Revised: February 06, 2009

I. Purpose

Establish crisis management plan for the University.

II. Preamble

In order to have a prudent and responsible plan of response to emergency or crisis situations involving death, serious injury, destruction of University physical plant or that threaten continued operation of the University, the following crisis management plan is hereby adopted and put in place.

III. Policy

A. Executive Policy and Decision Team

1. The University shall have an Executive Policy and Decision Team made up of the President, the Provost, the Vice President for Finance and Administration, the Vice President for Student Affairs and the General Counsel. The General Counsel shall serve as primary coordinator of Team activities with each member being responsible, during a declared crisis situation, for arranging communication with, and facilitating operations by, their particular division. The Executive Policy and Decision Team shall, to the extent reasonably possible, establish and maintain communications with the President during any period when the President is away from campus or Wichita.
2. Only the President or an officially designated member of the Executive Policy and Decision Team (after first conferring with the President, if possible) shall have authority to declare a University crisis situation.
3. Crisis situations would include, but not necessarily be limited to, the following: physical destruction of one or more campus buildings or facilities, including data processing capabilities [weather or natural disaster, bomb, fire, chemical explosion]; any situation on campus where individuals are injured or killed [weather or natural disaster, laboratory explosion, fire, construction accident]; actual or threatened criminal violence on campus [workplace violence, hostage situation]; a death in a University building or residence hall [suicide, accident, criminal violence, weather or natural disaster]; or an accident or incident involving a



University group or activity which results in death or serious injury [transportation of students or athletic team].

4. The Executive Policy and Decision Team shall approve overall priorities and strategies; approve public information reports and instructions; and act as liaison with governmental and external organizations.

B. Pre-Event Activities

1. The Executive Policy and Decision Team will coordinate and work with existing University groups and committees as appropriate and required to put the University in the best possible situation to be prepared and address foreseeable crisis situations. The Team will designate specific committees to assist with assigned tasks and assignments, including, but not limited to, a "Critical Incident Planning Group," a "Business Continuity Committee," a "Behavior Intervention Team," a "Communications Team" and a "Health Risk Assessment Committee."
2. The Executive Policy and Decision Team shall work to achieve compatibility with the doctrines and methods expressed in the National Incident Management System (NIMS), the Incident Command System (ICS), the National Response Plan (NRP), Homeland Security Directives, and Kansas Executive Order 05-03.
3. The Executive Policy and Decision Team shall work to establish open channels of communication between the University and local fire, police, emergency and counseling services, including collaboration with local crisis responders on anticipated actions in event of a crisis at the University or in the community of Wichita.
4. The Critical Incident Planning Group will initiate training programs and requirements for all University employees and make regular reports to the Executive Policy and Decision Team.
5. The Critical Incident Planning Group will initiate testing of all existing crisis notification/communication systems on a regular basis and make regular reports to the Executive Policy and Decision Team.
6. The Critical Incident Planning Group will initiate situation-specific drills and/or "table-top" exercises to:
 - a. Evaluate lock-down capabilities.
 - b. Provide "active shooter" training for the University Police Department.
 - c. Evaluate the University's ability to plan for interference with University operations.
7. The Executive Policy and Decision Team will develop and maintain procedures and an "action plan" to carry out and implement its duties under this policy.
8. The Executive Policy and Decision Team will meet at least two (2) times during each twelve (12) month period to review its readiness to respond



to any particular crisis situation and to update, as required, its developed procedures and "action plan."

9. Members of the Executive Policy and Decision Team will keep current telephone numbers on file with the President's Office, the University Police Department and the University Communications Office.
10. The Behavior Intervention Team shall establish and implement campus threat assessment procedures and resources.

C. Responding to a Crisis Situation

1. Upon the declaration of a University crisis situation, members of the Executive Policy and Decision Team shall meet immediately, said meeting to be on campus if possible, in one of the several previously identified locations (said location to be dependent upon the particular nature of the declared crisis). The members of the Team shall be guided by the following principles:
 - a. Preserve and protect life above all.
 - b. Provide open communication with the University community and the community-at-large, including utilization of a calling tree/chain of contact.
 - c. Identify an on-site incident commander as quickly as possible.
 - d. Seek liaison with the University Police Department and other specific departments as appropriate and required under the circumstances of the particular situation.
2. The Executive Policy and Decision Team should be prepared to report to the President within four (4) hours of its first meeting to review actions and/or steps being implemented in any particular crisis situation. The Team is authorized to move forward and/or make decisions without specific approval of the President.
3. The Executive Policy and Decision Team shall, as soon as reasonably feasible, initiate communications with and to all appropriate constituencies utilizing some or all of the following technologies: text messaging, email blasts, digital communications, webpage(s), existing weather sirens, telefacsimile transmissions, telephone, walkie-talkie, etc. The Team should, at all times, strive to authorize and/or provide:
 - a. Timely and accurate updates.
 - b. An identified and accessible liaison to the media.
 - c. A centralized location for updates and press conferences. It is recognized that those interested in the University will want to hear from the President, as and if reasonably possible.
4. The Executive Policy and Decision Team shall initiate counseling/support to the University community, including crisis victims and the families of any victims. Such counseling should be made available on campus, if appropriate, with trained and licensed providers. The Team shall also



seek to make University staff available while counseling support is pending.

5. The Executive Policy and Decision Team will remain active and operational until the crisis situation is declared to be ended by the President of the University, or the President's designee.

D. Post-Crisis Activities

1. The Executive Policy and Decision Team shall conduct debriefing activities to evaluate the handling of any crisis and the effectiveness of the response thereto.
2. The Executive Policy and Decision Team shall update, revise and amend this policy statement and accompanying procedures to respond to needs identified by the University's response to and handling of any particular crisis.
3. The Executive Policy and Decision Team shall develop a plan to provide a family resource and victim support center in the aftermath of a crisis situation.

E. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shall be shared with all appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication and distribution of this University policy.

(See also [Emergency Response and Evacuation](#) at Section 20.21 of this manual.)



20.03 / Closing the University in the Event of Severe Weather or Other Emergency Situations

Effective: February 23, 2018

Policy

- A. All decisions to close or suspend operations shall be made by the President, or the President's designee.
- B. In most circumstances, that decision should be made in consultation with the chief business officer, chief academic officer and chief student affairs officer, or their designees. After a decision is made, it should be shared with the President's Executive Team and with leaders most responsible for implementing the decision, such as those in the Physical Plant and University Police Department.
- C. Once a decision is made, Strategic Communications should widely communicate the decision and other relevant information to students, employees, organizers of on-campus events, media and public.
- D. The Director of Intercollegiate Athletics, or the Director's designee, in consultation with the President, or the President's designee, shall determine if scheduled athletic competitions should be held, postponed or canceled.



20.04 / Tornado Warnings

Effective: July 01, 1997

I. Purpose

To provide policy guidance regarding university activities during tornado warnings.

II. Policy

It is the policy of Wichita State University that all classes (including examination, lectures, and laboratories in progress) and activities on campus will be officially suspended when the City of Wichita is included in an officially declared tornado warning. Faculty, staff, students and visitors shall be instructed to seek appropriate shelter for the duration of the warning.

III. Definitions

An officially declared tornado warning is defined as notification that the City of Wichita (or all of Sedgwick County) is included in the warning area as confirmed by the National Weather service via a weather alert radio, AM/FM radio, an Emergency Building Coordinator, or the University Police Department.

An Emergency Building Coordinator is one or more persons per building on campus designated as such by a budget officer or budget review officer. The coordinator has the authority to instruct persons in the building to take shelter and direct them to the appropriate location.

IV. Procedures

The first indication of a tornado warning is frequently made by radio or civil preparedness sirens. Persons who are not able to confirm whether the Wichita area is included in the tornado warning by one of the means outlined above should proceed immediately to shelter upon hearing the sirens. The University would rather have faculty, staff and students disrupt current activities than take any chances.

Emergency Building Coordinators will post signs on building entrance doors to notify persons arriving on campus to take shelter. University Relations will issue public statements indicating classes and events have been suspended during periods of time the City of Wichita is included in the tornado warning area.



20.08 / Workforce, Professional & Community Education

Effective: March 25, 2016

I. Purpose

To ensure the most cost-effective use of University resources and staff time, and to ensure University activities appropriately and consistently reflect the University's mission.

II. Policy

Programs being done in the name of the University, at which external audiences (non-degree seeking) are expected, and either 1) a program registration fee is charged or underwritten (e.g. grants, sponsorships, research funds), or 2) continuing education units (CEUs, contact hours, or other profession-specific credits) or academic credits are offered, must be coordinated through the Office for Workforce, Professional & Community Education (WPCE), and that office will be partially funded through coordination fees charged to program sponsors.

III. Implementation

- A. Campus units submit a planning and approval form to WPCE as soon as a decision is made to offer a program (conferences, courses, workshops, institutes, symposiums, seminars, etc.) using the University's name ([click here](#) for web page with planning and approval form and instructions).
- B. Upon receipt of the planning and approval form, the Assistant Director of WPCE will review the form to determine if the activity falls within the scope of WPCE or if an exemption should be issued.
- C. When a program falls within the scope of WPCE, WPCE will meet with the requesting unit to determine the following: budget, marketing plan and publicity, timeline, and WPCE fee based on the total number of staff hours required to produce the event.

IV. Exemptions

In the event a campus unit does not agree with the determination of the Assistant Director of WPCE, the unit may submit its exemption request to the Director of WPCE who will review the request with the Associate Vice President for Academic Affairs. Alternatively, the divisional vice president may grant an exemption.

20.10 / Fundraising Efforts Involving Naming Opportunities (Other Than Buildings or Facilities)

Effective: May 01, 2001

I. Purpose

The purpose of this statement is to set forth University policy with regard to initiation of fundraising efforts that propose a naming opportunity other than the naming of a University building or facility. (See [Section 11.06](#), *WSU Policies and Procedures Manual*, relative to the naming of University buildings and facilities and the Kansas Board of Regents Policy Manual relative to the naming of academic units.)

II. Preamble

Fundraising efforts or initiatives often include or are based upon a naming opportunity, i.e., "John Jones Lecture Series," or the "Jane Doe Endowed Lectureship." In an attempt to avoid embarrassment and/or to prevent fund-raising campaigns that cannot accomplish the intended goals of honoring an individual or individuals, it is necessary and appropriate that such campaigns be reviewed and approved prior to their initiation.

III. Policy

- A. No University fundraising campaign which proposes a naming opportunity other than the naming of a University building or facility, whether facilitated through the University or the WSU Foundation, shall be initiated without advance review and approval by the President of the University.
- B. Any proposal involving a naming opportunity other than the naming of a University building or facility shall be submitted, after review and approval by the appropriate University Vice President, to the President of the University prior to the initiation of any fundraising effort and before any communication is made with the proposed honoree or honorees. The proposal must be in writing and provide an explanation or justification for the naming opportunity and information about the viability of the fundraising campaign.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

(Note: The reader should also refer to the [Naming of University Facilities Policy](#) at Section 11.06 of this manual.)



20.11 / Use of the University's Name, Seal, Logos or Marks

Effective: November 01, 2001 Revised: February 01, 2010

I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of the University's name, seal, logos or marks.

II. Preamble

The University receives numerous requests from outside the University community relative to proposed usage of the University's name, the University seal and University logos and/or marks. The University considers its name, seal, logos and marks, whether registered or not, to be University property and subject to University control relative to usage. This policy is designed to provide guidance to University officials and to those interested in usage as to how usage will be controlled. See also the WSU Visual Identity Standards Manual (<https://www.wichita.edu/visualstandards>) for specific instructions and guidelines for consistent and appropriate use of the University's name, the University seal and University logo and/or marks as they relate to all forms of University communications.

III. Policy

- A. Faculty, staff and students are encouraged to use the name of the University and to use University stationery for official correspondence.
- B. Faculty, staff and students should not use the name of the University in any announcement, advertisement, publication, or report involving personal or unofficial activities, if such usage could be construed as implying University endorsement of any product, project or service.
- C. Requests from outside the University for use of the University seal should be directed to the General Counsel.
- D. Requests from outside the University for commercial use or exploitation of the University name or University logos or marks should be directed to the Athletic Director or the Athletic Director's designee.
- E. Requests for use of the University name to indicate an existing or previous business relationship should be directed to the General Counsel. Such requests may be granted, subject to the following parameters:
 1. Any usage shall be subject to written authorization and permission from the University.



2. The University will be given an opportunity to review and approve the intended usage.
 3. The period of usage will be well-defined and limited; continued usage will be subject to further University review and approval.
 4. The University's name, logos or marks may not be displayed more prominently or any larger than other corporate marks or logos.
 5. Any display of the University's name, logos or marks shall be accompanied by the following text:
"The University's name, logo or mark are used with the permission of Wichita State University. Usage reflects a prior or current business relationship and does not constitute an endorsement or recommendation."
- F. Subject to the above limited circumstances, use of the University's name, seal, logos and/or marks is specifically prohibited; provided, however, that the University does not intend or understand this policy to prohibit usage of the University's name in connection with news items or stories, in connection with events or activities where the University is a recognized sponsor, or pursuant to a specific contractual agreement.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.

(Regarding *Use of University Name*, see also [Commitment of Time, Conflict of Interest, Consulting, and Other Employment](#) at Section 3.04 of this manual.)



20.12 / Usage of Multi-Passenger Vans

Effective: June 19, 2001 Revised: November 01, 2006

I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of multi-passenger vans for transportation of University employees and/or students off of and away from the campus of the University.

II. Preamble

It is recognized that a multi-passenger van (hereinafter "Van" or "Vans") will often be the most effective means of transportation for certain activities and events involving University employees and/or students. This policy statement is intended to implement uniform standards of usage in an effort to maximize the safety of those utilizing the Van.

III. Policy

- A. All Van usage must be in compliance with applicable municipal, state and federal requirements and applicable University policies.
- B. Van drivers must be full-time employees of the University, have an appointment as a graduate assistant, or be employed as a Coach of a University sports club operating under the auspices of the Heskett Center.
- C. Van drivers must complete training/safety class[es] provided through the University Police Department prior to the operation of a Van.
- D. No driver should operate a Van more than ten hours in any twenty-four period. The Van driver must take a mandatory thirty minute rest break every four hours.
- E. The Van driver will be personally responsible for any and all traffic or parking citations, tickets or fines received while operating a Van.
- F. All occupants of the Van must use a seat belt at all times of operation.
- G. No Van will be used to transport or carry more than its listed capacity (including the driver) at any one time.
- H. A Van may only be used when the final destination is within seven hundred miles of Wichita.
- I. No Van may be used to tow a trailer.
- J. No luggage may be stored on top of a Van.
- K. This policy is applicable to the usage of all Vans, whether owned, rented or leased by the University.



IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Vice President for Finance and Administration shall have primary responsibility for publication, dissemination and implementation of this University policy.



20.13 / Internal Mail Distribution System

Effective: March 17, 1998 Revised: April 01, 2019

I. Purpose

To state University policy with regard to the use of the University's internal mail distribution system for the delivery and distribution, without postage, of written communications pertaining to University operations.

II. Preamble

The University maintains an internal mail distribution system to assist and facilitate the operation and functioning of the University. The internal mail distribution system is intended for University business only.

III. Policy

- A. The University maintains an internal mail distribution system for University business only.
- B. The use of this internal mail distribution system for purposes other than University business, including, but not limited to solicitation, political or personal business purposes is expressly prohibited.
- C. Mail boxes in the various departments and buildings are considered to be under the jurisdiction and the responsibility of the unit in which they are located. Materials may be placed directly by individuals in these departmental or unit mail boxes if permission has been obtained from the appropriate person with responsibility for that particular unit.
- D. All internal and external mail and deliveries shall be addressed using the address format shown below, representing the university street address and unique ZIP Code. This format and the University's address shown below should be used on all official correspondence, including departments located on the Innovation Campus.

Faculty/Staff
Office Name (optional)
Wichita State University
1845 Fairmount, Campus Box Number ____
Wichita KS 67260-0____



- E. The University's named streets and issued addresses for buildings are for emergency service purposes only, not for mail delivery.

IV. Implementation

The Vice President for Finance and Administration shall have primary responsibility for the publication and distribution of this University policy.



20.14 / Use and Operation of U.S. Postal Substation

Effective: May 15, 1998 Revised: April 01, 2019

I. Purpose

To state University policy with regard to the use and operation of the U.S. Post Office substation located in Morrison Hall.

II. Preamble

The University maintains an official U.S. Postal Service substation located on the first floor of Morrison Hall to assist and facilitate the operation and functioning of the University. The postal substation is to be used in accord with this policy statement and U.S. Postal Service regulations.

III. Policy

- A. The U.S. Postal Service substation is provided to receive, sort, distribute, and meter first class, international, book rate, certified, registered, and insured mail for University business mail.
- B. The U.S. Postal Service substation provides all the services that a regular post office provides and may be used for the personal purchase of postage, money orders and philatelic products. It is open during posted office hours on Monday through Friday and it is closed for all holidays recognized by the University.
- C. Correct addressing of U.S. mail is imperative for prompt delivery and receipt. All U.S. mail should show the addressee's name, department name, department box number, building name and nine-digit ZIP Code legibly on the envelope to ensure accurate delivery.
- D. All internal and external mail and deliveries shall be addressed using the address format shown below, representing the university street address and unique Zip Code. This format and the University's address shown below should be used on all official correspondence, including departments located on the Innovation Campus.

Faculty/Staff
Office Name (optional)
Wichita State University
1845 Fairmount, Campus Box Number ____
Wichita KS 67260-0____



- E. The University's named streets and issued addresses for buildings are for emergency service purposes only, not for mail delivery.
- F. It is a violation of state law for any person to use, or to permit any unauthorized person to use, any form of postage paid for with state funds for such person's personal use. See [K.S.A. 21-6006](#), as amended.

IV. Implementation

The Vice President for Finance and Administration shall have primary responsibility for the publication and distribution of this University policy.



20.15 / Use and University Mailing Permits

Effective: October 09, 2001

I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of University mailing permits.

II. Preamble

The United States Postal Service has issued various mailing permits to the University for its use as a state educational institution of Kansas. The University's Postal Services unit (hereinafter "Campus Post Office") is responsible for usage of the mailing permits on behalf of University operations, including all contracted mailings by outside sources, and compliance with all applicable United States Postal Service rules and regulations governing the use of mailing permits.

III. Policy

- A. This policy statement is applicable to the following permits:
 1. First-Class Mail, Permit 1232
 2. Standard Mail (A), Permit 1232
 3. Nonprofit Mail, Permit 1232
 4. Business Reply Mail, Permit 328
- B. No University mailing permit may be used without the advance written authorization of the Campus Post Office.
- C. Use of an outside contractor for printing and mailing when use of a University mailing permit is desired is subject to the following requirements:
 1. Piece design must be submitted to the Campus Post Office to permit advance review for compliance with United States Postal Service requirements, and
 2. Issuance of two copies of PS Form 3602 by the Campus Post Office authorizing use of a University mailing permit.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Vice President for Finance and Administration shall have primary responsibility for publication, dissemination and implementation of this University policy.



20.16 / Food and Beverage Policies

Effective: August 08, 2017 Revised: November 12, 2018

I. Purpose

The purpose of this policy is to clarify expectations regarding the sale and distribution of food on campus and to communicate requirements for Wichita State University, the Rhatigan Student Center, and non-WSU affiliated food providers and ensure proper food handling to avoid the risk of foodborne illness. This includes any private, public or formal events that require food or alcohol service.

II. WSU Dining

WSU Dining is a key provider of dining service requests for the Wichita State University and the Rhatigan Student Center with some exceptions. WSU Dining (Chartwells) is the recommended caterer for all on-campus events. WSU Dining is not the exclusive provider of food on campus with the exception of Shocker Hall. Requests for catering by WSU Dining may be made by contacting the Dining Services Office.

III. Catering Locations

With some qualifications, WSU maintains an open catering policy throughout the campus. A reserving party may choose catering from WSU Dining or a list of Approved Caterers. Catering in Shocker Hall is restricted to WSU Dining.

IV. Approved Caterers

In addition to food services provided by WSU Dining Services, a reserving party may choose a caterer of their choice from a list of approved preferred caterers. Catered events with food service costs of less than \$100 are exempt from the required approval process.

Applications for the Approved Caterers list as well as a complete list of approved vendors is available at the [Event Services](#) webpage.



V. Recognized Student Organizations

Recognized Student Organizations (RSOs) may use WSU Dining or any approved caterer for on-campus catered events. RSOs must follow Student Involvement guidelines for food service on campus.

VI. President's Residence

Food service at the President's official residence will be determined by the President and the President's spouse.

VII. Food Provided for Fundraisers

RSOs may conduct events where food is provided as a fundraiser. These events include those where food is catered or sold as part of a fundraising effort. Procedures for conducting fundraisers on campus are available from the Office of Student Involvement on the second floor of the Rhatigan Student Center.

VIII. Potlucks

University departments, faculty and staff and RSOs may hold potlucks within their own facilities and are exempt from the approval process. A potluck is defined as a small member-only gathering where food is principally homemade. Events open to the general university or public are not potluck. Individuals may bring food into university facilities for their own personal consumption.

IX. Donated Food Policies

WSU does allow for the service of donated food with the following conditions:

- Donated food must be provided by licensed provider.
- The requesting party must show proof that the food was donated.
- Donated food served on campus should be approved through the designated coordinator of the venue.
- Student organizations seeking approval to serve donated food must be an RSO.
- Requests for the use of donated food must be accompanied by a space reservation.
- Food valued at \$100 or under does not necessitate an approval process.
- Any donated food items must be approved by the Vice President for Student Affairs or designee.



X. Exclusive Beverage Contract

All reserving parties serving drinks on campus must comply with the Wichita State University exclusive beverage contract with Pepsi Cola requiring that Pepsi products including bottled water and juices must be served at meetings, events and activities on campus.

XI. Alcohol Service

Alcohol Service is available at specific locations throughout the WSU campus with the approval of the University's General Counsel. Alcohol service must be provided by a licensed caterer with a current Kansas state liquor license. Forms for requesting permission to serve alcohol are available at the [Event Services](#) webpage or by calling the Event Services Office at 978-3475. The University's policy regarding alcohol service is available at [Section 11.07](#), Cereal Malt Beverages and Alcoholic Liquor.



20.17 / Protected Health Information

Effective: April 14, 2003 Revised: July 01, 2018

I. Purpose

The purposes of this policy are to (1) designate Wichita State University as a hybrid entity, (2) designate certain units of the University as “Covered Components, “Other Clinics,” and “Supporting Units;” (3) define the University’s organizational and administrative responsibilities as they pertain to Health Information, as required under federal and state law; and (4) designate a University Privacy Officer and University Security Officer and identify their general administrative responsibilities.

II. Scope

This policy applies to all University Covered Components, Other Clinics, and Supporting Units and their respective Workforce members who are involved in the creation, receipt, transmission, storage, or disposition of Protected Health Information. A current list of Covered Components, Other Clinics, and Supporting Units may be obtained by contacting the Privacy Officer.

III. Policy

Wichita State University is committed to protecting individuals’ health information in compliance with all applicable laws and regulations. Accordingly, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, 1996, as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Privacy and Security Regulations at 45 CFR §§ 160 and 164 (hereinafter collectively, “HIPAA”), Wichita State University has adopted the following Health Insurance Portability and Accountability Act Policy which shall serve as a supplement to other university policies as well as federal and state laws.

HIPAA specifically excludes from its purview “treatment records” or student “education records” covered by the Family Educational Rights and Privacy Act (FERPA) as defined at 20 U.S.C. 1232g or in 34 CFR Part 99, as well as records of an employer in the capacity of employer, such as workers’ compensation records and records retained regarding requests for leave.

Capitalized terms in this policy have those meanings as set forth in Appendix A, “HIPAA Definitions.”



IV. Hybrid Entity Designation

- A. HIPAA applies to individuals and organizations meeting the definition of “Covered Entities.” Covered Entities include group health plans, health care providers who conduct certain transactions electronically — including but not limited to transmissions of health care claims — health care payments, enrollment in a health plan and referral authorizations and health care clearinghouses. Although the University does not primarily or solely engage in any of these activities, some units within the University perform functions that bring them within the definition of a Covered Entity.
- B. WSU has designated itself a Hybrid Entity in accordance with HIPAA. As such, it must designate as part of its Covered Functions any component that would meet the definition of a covered entity if it were a separate legal entity (“Covered Component”). A current list of the University’s Covered Components, including Supporting Units, can be obtained by contacting the Privacy Officer.

V. Operational Guidelines

In addition to this policy, the University has issued operational guidelines (“HIPAA Operational Guidelines”) regarding the privacy and security of Individuals’ Health Information. These operational guidelines are merely the University’s minimum standards for HIPAA compliance. Covered Components, Other Clinics, and Supporting Units may find it necessary to adopt additional operational protocols and procedures for their specific unit. Any such unit-specific operational protocols and procedures must be approved by the Privacy Officer and the Security Officer prior to implementation. A copy of the HIPAA Operational Guidelines, as well as unit-specific protocols and procedures may be obtained by contacting the Privacy Officer.

VI. Roles and Responsibilities

A. Privacy Officer

1. The President of the University shall designate a Privacy Officer who shall be responsible for coordination of the University’s HIPAA compliance efforts. The duties and responsibilities of the Privacy Officer will include, but are not limited to:
 - a. reviewing and overseeing all privacy, confidentiality and security standards and procedures created by the Covered Components, Other Clinics, and Supporting Units;
 - b. providing HIPAA guidance and acting as a compliance resource to the Workforce;
 - c. overseeing the development and implementation of Privacy and Security Awareness Training;



- d. establishing and administering a process for receiving, documenting, investigating and taking action on complaints, concerns, or reports of breach regarding Health Information;
 - e. cooperating with the government, other legal entities, and University administrators, as necessary, in any compliance reviews or investigations;
 - f. regularly monitoring changes to privacy laws and regulations to help ensure the University continues to conform to the applicable standards of confidentiality and privacy;
 - g. assisting with the identification and development of Business Associate relationships and Business Associate Agreements; and
 - h. working with the Security Officer on HIPAA Security Rule compliance efforts and incorporating relevant security content into the Privacy and Security Awareness Training.
2. The Privacy Officer shall have authority to appoint an individual or individuals to assist with HIPAA Privacy Rule compliance obligations.

B. Security Officer

1. The President of the University shall designate a Security Officer who shall be responsible for coordination of the University's HIPAA Security Rule compliance. The duties and responsibilities of the Security Officer will include, but are not limited to:
 - a. developing, implementing, maintaining, and ensuring adherence to the University's security policies;
 - b. overseeing HIPAA training and guidance to the Workforce members on security matters;
 - c. receiving any complaints or inquiries about security matters and responding to such complaints or inquiries;
 - d. documenting all security-related complaints or inquiries received and ensuring complaints are investigated;
 - e. cooperating with the government, other legal entities, and University administrators in any compliance reviews or investigations;
 - f. working with appropriate technical personnel to protect Electronic PHI from unauthorized Use or Disclosure, and to ensure the availability and integrity of Electronic PHI; and
 - g. conducting periodic security audits and taking remedial action, as necessary.

C. Privacy Liaisons/Committee

There is hereby established a University HIPAA Committee. This Committee shall be comprised of one (1) representative from each of the Covered Components and Other Clinics and one (1) representative who shall serve on behalf of the Supporting Units. The Committee is charged with providing broad strategic



guidance and oversight to support the University's overall HIPAA compliance effort(s).

VII. Uses and Disclosures of Protected Health Information

A. Use and Disclose without authorization

Covered Components may Use and Disclose PHI without the Individual's Authorization in the following specific instances:

1. For purposes of Treatment, Payment or Health Care Operations ("TPO")
2. Uses and Disclosures Required by Law
3. Uses and Disclosures for Public Health Activities
4. Disclosures About Victims of Abuse, Neglect or Domestic Violence
5. Uses and Disclosures for Health Oversight Activities
6. Disclosures for Judicial and Administrative Proceedings
7. Disclosures for Law Enforcement Purposes
8. Uses and Disclosures for Cadaveric Organ, Eye, Tissue Donation
9. Uses and Disclosures for Research Purposes
10. Uses and Disclosures to Avert a Serious Threat to Health or Safety
11. Uses and Disclosures for Specialized Government Functions
12. Disclosures for Workers' Compensation
13. Disclosures to Friends and Family Members Involved in an Individual's Care
14. Disclosures Regarding the Location of the Individual in a Disaster

B. Disclosure without authorization

Covered Components may also Disclose PHI without obtaining Authorization from the Individual in the following specific instances:

1. To another Covered Entity for Treatment performed by the other Covered Entity;
2. To another Covered Entity for the other Covered Entity's Payment activities; and
3. To another Covered Entity for the other Covered Entity's Health Care Operations in certain limited circumstances.

C. Written Authorization Required

Uses and Disclosures of PHI for purposes other than those set forth herein require a valid written Authorization from the Individual.

D. Minimum Necessary Requirements

1. When required by the HIPAA Privacy Rule, each Covered Component shall make reasonable efforts to verify the need for and to limit the Use



and/or the Disclosure of PHI to only that information necessary to accomplish the intended purpose of the Use or Disclosure.

2. Covered Components will not Disclose an Individual's entire record or file unless the Disclosure is not subject to the minimum necessary requirements or the Covered Component has documented justification for making the Disclosure.

E. **Identity Verification Prior to Disclosure**

Covered Components will Disclose PHI only after verifying the identity and authority of the person or entity requesting the PHI, in accordance with this policy, HIPAA Operational Guidelines, and unit-specific protocols and procedures.

VIII. **Individual Rights**

The HIPAA Privacy Rule provides Individuals with certain rights related to their PHI, which include:

- A. **The Right to Receive a Notice of Privacy Practices.** Individuals receiving services from a Covered Component that performs Covered Functions will be notified of how and when it may Use and/or Disclose their PHI; this is accomplished through the provision and posting of a Notice of Privacy Practices ("NPP").
- B. **The Right to Place Restrictions on the Use and Disclosure of PHI.** Individuals have the right to request restrictions on how a Covered Component Uses and/or Discloses their PHI for TPO purposes, for notification purposes, and to family members or friends involved in the Individual's care or payment for the Individual's care.
- C. **The Right to Request Access to PHI.** Individuals generally have the right to access or receive copies of their PHI maintained by a Covered Component, subject to certain limitations set forth in the relevant University guideline(s).
- D. **The Right to an Accounting of Disclosures.** Individuals have a right to an accounting of certain Disclosures of PHI that are made by a Covered Component. Each Covered Component will maintain a record of the Disclosures that are required to be documented and will provide an Individual with an accounting of such Disclosures.
- E. **The Right to Request an Amendment of Protected Health Information.** Individuals generally have the right to request that the PHI maintained by a Covered Component be amended, such as in instances where the Individual believes that an error has been made or information in his or her record is not correct. However, the Covered Component is not obligated to agree to the request, provided that certain processes are followed and requirements met.



- F. **The Right to Request Alternative Methods of Confidential Communications of PHI.** Individuals have the right to request that a Covered Component communicates with them about their PHI in a certain way or at a certain location (e.g., an Individual may request that all telephone communications be made to a certain number and all mail be sent to a specific address).
- G. **The Right to File a Complaint.** Individuals who believe that a Covered Component has violated their privacy rights may file a complaint with the University or with the Secretary.

IX. Business Associates

- A. In some cases, a Covered Component may require a person or entity that is not a part of the University to perform or assist in the performance of certain functions, activities or services for or on behalf of the Covered Component that requires Use of, or access to, PHI by the external person or entity. Examples include, but are not limited to, medical transcription services, third party billing companies, medical software vendors, billing or collections services, consulting companies, accreditation organizations, and medical record copying services.
- B. Prior to permitting creation, receipt, Use, maintenance, transmission of and/or access to the PHI, the Covered Component must ensure that the external person or entity has entered into a “Business Associate Agreement.” The Covered Component shall be responsible for maintenance of the appropriate documentation and verification of the business associate, vendor, contractor or subcontractor. All Business Associate Agreements must be established contractually in accordance with University contracting procedures and HIPAA Operational Guidelines and must be approved by the Office of General Counsel.
- C. In some cases, a unit of the University may function as a Business Associate of an outside HIPAA Covered Entity or another Business Associate. Such Business Associate relationships must be established contractually in accordance with University contracting procedures and HIPAA Operational Guidelines and must be approved by the Office of General Counsel.

X. HIPAA Security Rule Compliance

- A. **Administrative, Technical and Physical Safeguards**
 - 1. Each Covered Component, Other Clinic, and Supporting Unit must ensure that appropriate administrative, technical, and physical safeguards are implemented to protect the confidentiality, integrity and availability of the PHI in its care. Safeguards shall apply regardless of form or format of data, device or storage (e.g., verbal, paper, electronic, server, portable device, etc.) and shall be consistent with the HIPAA Operational Guidelines. Safeguards must be approved by the Privacy Officer and the Security Officer prior to implementation.
- B. **Risk Analysis and Risk Management Plan**
 - 1. The HIPAA Security Rule requires the University to: (a) conduct thorough and timely risk assessments of the potential threats and vulnerabilities to the confidentiality, integrity and availability of its Electronic PHI (“Risk



Analysis”); (b) develop and implement security measures to reduce risks and vulnerabilities to a reasonable and appropriate level, as well as efficiently and effectively mitigate the risks identified in the assessment process (“Risk Management Plan”); and (c) perform information system activity reviews.

2. Each Covered Component shall coordinate with the Privacy Officer and the Security Officer to ensure the Risk Analysis and Risk Management Plan(s) are accomplished in accordance with the HIPAA Security Rule and HIPAA Operational Guidelines, including regular reviews and updates.
3. All Workforce members must cooperate fully with all persons charged with performing the Risk Analysis and implementing and managing the Risk Management Plan.

XI. Retention Of HIPAA-Related Documents

HIPAA requires that certain documents be retained for six (6) years from the date of creation or the date the document was last in effect. This includes, but is not limited to, the following documentation:

- A. Business Associate Agreements
- B. NPPs and Acknowledgement of NPPs
- C. Authorization Forms
- D. Requests for Restriction and related documentation
- E. Requests for Access and related documentation
- F. Requests for Amendment and related documentation
- G. Request for Accounting of Disclosures and related documentation
- H. Training materials and documentation of training completion
- I. Privacy Complaints and related documentation
- J. Versions of the HIPAA Policies and Procedures
- K. Any action, activity or designation required by the Privacy Rule
- L. Designation of the Privacy Officer and Security Officer
- M. A list of all current and past Privacy Liaison Coordinators; and
- N. Breach investigations and risk assessments

XII. Training And Awareness

- A. Covered Components, Other Clinics and Supporting Units are responsible for implementation of training and awareness programs (“Privacy and Security Awareness Training”) that meet the requirements set forth in the HIPAA Operational Guidelines. Such training and awareness programs must be approved by the Privacy Officer and the Security Officer.
- B. All Workforce members with access to PHI, or potential access to PHI, must complete Privacy and Security Awareness Training within ninety (90) days of hire and annually thereafter.



- C. Workforce members must sign the University's HIPAA Confidentiality Agreement prior to accessing PHI. A copy of this signed Confidentiality Agreement must be maintained by the Covered Component, Other Clinic, or Supporting Unit.

XIII. Reporting And Handling Violations

- A. All University employees, including but not limited to Workforce members, shall report any known or suspected Use or Disclosure of PHI made in violation of this policy and/or the HIPAA Operational Guidelines, or any known or suspected Security Incident, to the Privacy Officer and the Security Officer.
- B. The Privacy Officer and Security Officer shall investigate and respond to such reports, including making any legally required notifications in accordance with the relevant legal requirements and University policies and HIPAA Operational Guidelines.

XIV. Questions and Complaints

Questions, concerns or complaints regarding the Use and Disclosure of PHI may be submitted to the applicable Privacy Liaison Coordinator, the Privacy Officer, the Security Officer, or to the Secretary. Complaints may also be anonymously submitted via the University's Ethics Fraud and Abuse line either via phone (844-724-5631) or via online report form.

Contact information for the University's Privacy Officer, Security Officer, and Covered Component Privacy Liaison Coordinators can be found [here](#).

XV. No Retaliation

Intimidation, retaliation and/or discrimination against any person for reporting any non-compliance with HIPAA, this policy, or the HIPAA Operational Guidelines, including but not limited to filing a complaint regarding a privacy practice, is strictly prohibited.

XVI. Sanctions

Violations of this policy, the HIPAA Operational Guidelines, unit-specific protocols and procedures, and/or federal and/or state law may result in disciplinary action and/or other corrective measures. Such investigations and determinations regarding corrective measures will be made in accordance with the University's existing policies and procedures regarding such matters, as well as applicable federal and state law.



XVII. Implementation

This policy shall be included in the WSU Policies and Procedures Manual and shared with appropriate constituencies of the University.

The HIPAA Privacy Officer shall have primary responsibility for publication, dissemination and implementation of this policy.

Appendix A

HIPAA Definitions

Authorization

A written document or form signed by an Individual or an Individual's Personal Representative that authorizes the Covered Entity or Business Associate to Use or Disclose PHI for a purpose not otherwise permitted under HIPAA.

Business Associate

Generally, an entity or person who performs a function involving the Use or Disclosure of PHI on behalf of a Covered Entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a Covered Entity that require the Disclosure of PHI (such as legal, actuarial, accounting, accreditation).

Covered Component

An area or combination of areas within a Hybrid Entity designated by the Hybrid Entity as areas that meet the definition of a Covered Entity or Business Associate. A Covered Component must comply with HIPAA.

Covered Entity

A health plan, health care clearinghouse or health care provider that transmits any health information in electronic form in connection with a transaction covered by HIPAA.

Covered Functions

Those functions of a Covered Entity the performance of which makes the entity a health plan, health care provider, or health care clearinghouse.

Disclosure

The act of releasing, transferring, divulging, or providing access to PHI to an organization or individual that is not the entity maintaining that information.

Electronic PHI

PHI (defined below) that is transmitted by electronic media or maintained in any electronic format or media. Electronic PHI is a subset of PHI.

Health Care Operations

Activities normal to the business of providing health care; some examples include development of clinical guidelines, quality assessments, outcomes evaluations, clinical performance evaluations, business planning and development, addressing grievances, etc.

Health Information

Any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present, or future Payment for the provision of health care to an Individual.

HHS

The U.S. Department of Health and Human Services.

HIPAA Privacy Rule

The Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and E.

HIPAA Security Rule

The Security Standards for the Protection of Electronic PHI at 45 C.F.R. Parts 160, 162, and 164, Subparts A and C.

Hybrid Entity

An organization that: (i) is a Covered Entity; (ii) performs both Covered Functions and non-Covered Functions as part of its business; and (iii) designates the components of its business that meet the definition of a Covered Entity or Business Associate as covered components to be treated as if such components were separate legal entities, for purposes of complying with HIPAA.



Individual

The person who is the subject of the PHI and includes a person who qualifies as a Personal Representative in accordance with 45 C.F.R. §164.502(g).

Individually Identifiable Health Information

A subset of Health Information that includes demographic information, and either identifies the Individual or provides a reasonable basis for believing it can be used to identify the Individual.

Other Clinics

Those University units and clinics that use and or disclose Health Information that have not been designated as Covered Components or Supporting Units. These units are required to comply with this policy, the HIPAA Operational Guidelines, and any other unit-specific policies and procedures regarding Health Information.

Payment

Any activities such as billing, collection, and related actions taken by a Covered Entity and/or its Business Associates to obtain reimbursement for health care services rendered.

Personal Representative

As specifically determined by state law, a person who has the authority to act on behalf of an Individual in making decisions related to the Individual's health care. Generally, a parent of a minor; a person empowered under a Power of Attorney (for health care); a legal guardian; or an executor or administrator of an Individual's estate will be Personal Representatives. The HIPAA Privacy Rule permits a Personal Representative to stand in the place of the Individual and exercise any rights the Individual may otherwise exercise pursuant to HIPAA.

Protected Health Information (PHI)

Individually Identifiable Health Information created, received, or maintained by a Covered Entity, which is transmitted by electronic media, maintained in electronic media or transmitted or maintained in any other form or medium. Protected Health Information does not include education records or treatment records covered by the Family Educational Rights and Privacy Act (20 U.S.C. 1232g), employment records held by the University in its role as an employer, or records regarding a person who has been deceased for more than 50 years.

Secretary

The Secretary of HHS or his/her designee.

Security Incident

The attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system.

Supporting Unit

A Covered Component that performs support functions on behalf of the Covered Components that meet the definition of a Covered Entity or a Business Associate of a non-University Covered Entity.

Treatment

The provision, coordination, or management of health care and related services that health care providers render to an Individual. Treatment includes management of health care with a third party, consultation between providers relating to an Individual, or the referral of an Individual for care or services to another provider.

Use

The sharing, employment, application, use, examination, or analysis of PHI within an entity that maintains such information.

Workforce

Employees (including student employees), volunteers, trainees, graduate students, and other persons, including contractors and agents, whose conduct, in the performance of work for a Covered Component or Other Clinic is under the direct control of such Covered Component or Other Clinic, whether or not they are paid by the Covered Component or Other Clinic.

20.18 / Privacy of Financial Information

Effective: May 23, 2003

I. Purpose

The purpose of this statement is to set forth University policy with regard to addressing and meeting institutional requirements and obligations imposed by the "Safeguards Rule" promulgated by the Federal Trade Commission under the Gramm-Leach-Bliley Act.

II. Preamble

The "Safeguards Rule" promulgated by the Federal Trade Commission (FTC) under the Gramm-Leach-Bliley Act ("GLBA") imposes specific standards and obligations regarding the privacy of certain personally identifiable financial information. Wichita State University recognizes its obligation to protect the security, confidentiality and integrity of such information and this policy is intended to implement FTC requirements in this regard.

III. Policy

- A. Wichita State University will make all reasonable efforts to achieve and maintain compliance with FTC standards and obligations regarding the privacy of personally identifiable financial information of its customers.
- B. Wichita State University will develop, implement and maintain a comprehensive information security program.
- C. Wichita State University's comprehensive information security program shall provide for the appointment of an information security plan coordinator; risk assessments; training programs for employees; oversight of service providers; and periodic adjustments of the program.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.

(See also [Security of Credit Card Data](#) at Section 13.14 of this manual.)



20.19 / Driving State Vehicles

Effective: February 15, 2006

I. Purpose

The purpose of this statement is to set forth University policy with regard to the operation of state vehicles, which includes multi-passenger vans.

II. Preamble

Kansas Administrative Regulation 1-17-2 states that state vehicles shall only be used for official state business and specifies certain requirements regarding who can operate a state vehicle. In addition, safety concerns dictate that other requirements be implemented relative to the use of state vehicles by employees of Wichita State University. It is recognized that a multi-passenger van (hereinafter "van" or "vans") will often be the most effective means of transportation for certain activities and events involving University employees and/or students. This policy statement is intended to implement uniform standards of usage in an effort to maximize the safety of those utilizing a van and all state vehicles.

III. Policy

- A. Usage and operation of state vehicles must be in compliance with applicable municipal, state and federal requirements, laws, regulations, applicable Kansas Board of Regents and University policies.
- B. The driver of a state vehicle and any passengers in the vehicle must be engaged in official state business on behalf of Wichita State University. Official state business is the pursuit of a goal, obligation, function or duty imposed upon or performed by a state employee as a condition of their employment with the state.
- C. Drivers of state vehicles must be a minimum of 18 years old and an employee of the University, have a current appointment as a graduate assistant, be employed as a coach of a University sports club operating under the auspices of the Heskett Center, be employed by Intercollegiate Athletic Association (ICAA) as a coach, manager, director of operations, video coordinator or any similar position but not solely associated with ICAA as a student-athlete or is a current WSU student who has permission from their respective WSU divisional vice president to drive for a specific event. Additionally, the Vice President for Student Affairs, upon advance consideration and review, may authorize a University student to



operate and drive a state vehicle to attend a meeting of the Kansas Board of Regents.

- D. Van drivers must successfully complete training/safety class[es] as outlined by the Physical Plant prior to the operation of a van.
- E. A state vehicle may be used within the boundaries of the University as defined in [Section 13.02](#), Border City Travel (within 200 miles of a Kansas border). Vans may be used for out-of-state travel with the prior written approval of the divisional vice president.
- F. No state vehicle including, but not limited to, vans may be used to tow a trailer or attach any devices to the hitch.
- G. No luggage may be stored or placed on top of a state vehicle.
- H. This policy is applicable to all state vehicles including, but not limited to, vans whether owned, rented or leased by the University.
- I. Drivers will be personally responsible for any and all traffic or parking citations, tickets or fines received while operating a vehicle and shall report them to their immediate supervisor within three business days after receipt of any citation, ticket or fine.
- J. The person who picks up a state vehicle must be the driver of the state vehicle, will be the only driver of the state vehicle unless another driver is authorized by the supervisor of the particular trip, and may not turn the vehicle over to someone else. The driver will be responsible for the state vehicle and its passengers.
- K. Reservations for a state vehicle must be made by a department and a department account number must be used for the reservation.
- L. Drivers and all passengers using state vehicles must wear seat belts anytime the vehicle is in motion.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Vice President for Finance and Administration shall have primary responsibility for publication, dissemination and implementation of this University policy.

Revision Date

January 18, 2011

July 14, 2011

August 8, 2017



20.20 / External Grievance Procedure

Effective: December 01, 2006

I. Purpose

The purpose of this statement is to officially designate a University office with responsibility to respond to external grievances.

II. Preamble

Board of Regents policy requires that the President of the University designate a Vice President to receive and evaluate complaints or charges from nonemployees alleging conduct by employees of the University that is alleged to be proscribed by institutional policies.

III. Policy

- A. The General Counsel is designated as the University official to receive and evaluate complaints or charges from nonemployees about actions, decisions or conduct by a University employee.
- B. The General Counsel shall respond to said complaints or charges and/or act in accord with Board of Regents policy in this regard.
- C. This procedure is applicable only to any individual without current access to an established University grievance procedure.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.



20.21 / Emergency Response and Evacuation

Effective: July 16, 2018

I. Purpose

Wichita State University is committed to the safety of its community, as well as compliance with state and federal law. This policy sets forth guidelines for the issuance of timely warnings, safety alerts, and emergency notifications at the University.

II. Timely Warning

- A. Wichita State University is responsible for issuing timely warnings in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act).
- B. Timely warnings provide timely and relevant information that will enable members of the community to protect themselves and will include information that promotes safety and aids in the prevention of similar crimes. These warnings will include pertinent information about the crime that triggered the warning.
- C. University employees designated as Campus Security Authorities must promptly report Clery Act crimes to University Police. Decisions to issue a warning are made on a case-by-case basis by considering all available facts.
- D. A timely warning will be issued for all reportable Clery Act crimes when (1) the crime occurs within the University's Clery Act geography; and (2) the crime is reported to Campus Security Authorities or local police agencies; and (3) the crime is considered to represent a serious or continuing threat to the campus community.
- E. Timely warnings will be issued by and must be approved by a representative from at least two of the following entities: (1) University Police Department; (2) Strategic Communications; or (3) General Counsel.
- F. Timely warnings are created through the Rave system and sent via text or email to an official Wichita State University email address.
- G. Timely warnings are only issued in response to the occurrence of crimes specified in the Clery Act. Other dangers to the campus community are addressed through a safety alert or an emergency notification.

III. Safety Alert

Safety Alerts are notifications of offenses where a timely warning is not required. These may be directed to a certain portion of the University community to alert of a non-Clery reportable offense. Also, Safety Alerts may be used to solicit information from the public



to assist in identifying suspects or information that assists with investigative efforts. Safety Alerts are issued at the discretion of the University Police Department.

IV. Emergency Notification

- A. The safety of students, staff, faculty, and visitors is a paramount concern, especially during an emergency. However, not all reports of concerning information warrant a timely warning under the Clery Act or a Safety Alert. Rather, some information will be distributed to the campus community via an emergency notification.
- B. The use of the emergency notification system provides for the rapid dissemination of time-sensitive information to enhance the safety and security of the University community during an emergency and to relay timely information to spouses/parents/guardians of University community members.
- C. The University will issue an emergency notification upon the confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees. An 'immediate' threat as used here includes an imminent or impending threat, such as (but not limited to) an approaching fire, or a fire currently burning in a University building, the outbreak of meningitis, norovirus or other serious illness, approaching tornado or other extreme weather condition, earthquake, gas leak, terrorist incident, armed intruder, active shooter, bomb threat, civil unrest or rioting, explosion or nearby chemical or hazardous waste spill.
- D. The University Police Department is responsible for the management of the emergency notification systems. WSU Information Technology Services will provide technical support and assistance as required.

(See also [Crisis Management Planning and Preparedness](#) at Section 20.02 of this manual.)



20.22 / Sustainability

Effective: October 01, 2009

I. Purpose

The purpose of this statement is to set forth University policy with regard to considering and incorporating the concept of sustainability¹ into the University's operations and decision-making process.

¹ Board Policy defines *sustainability* as "societal efforts to meet the needs of present users without compromising the ability of future generations to meet their own needs. Sustainability presumes that the planet's resources are finite, and should be used conservatively, wisely and equitably. Decisions and investments aimed to promote sustainability will simultaneously advance economic vitality, ecological integrity and social welfare."

II. Preamble

The Kansas Board of Regents adopted a Sustainability Policy at its meeting of October 15-16, 2008, which stated that the policies, practices and programs of the state universities governed by the Board of Regents should, when possible, embody approaches that reduce life cycle costs, restore and maintain the functioning natural systems, and enhance human well-being.

III. Policy

- A. The University will work with faculty to incorporate issues of sustainability into the learning experiences of students throughout their academic experiences.
- B. The University will work with students, faculty and staff to infuse sustainability principles into the organization of campus life.
- C. The University shall comply with all relevant environmental laws and regulations.
- D. The University will seek to integrate values of sustainability, stewardship and resource conservation into activities and services.
- E. The University will evaluate the impact of its conservation projects; incorporate green building and design methods as feasible; and consider the impact of planning decisions on future generations.
- F. The University will develop sustainability goals that will inform institutional planning, decision-making, assessment and reporting.



- G. The University shall conscientiously share the knowledge, awareness, and expertise generated by its engagement with sustainability in accordance with its mission and role in serving society as a whole.

IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Provost shall have primary responsibility for publication, dissemination and implementation of this University policy.



20.23 / Retention of University Records

Effective: April 15, 2010

I. Purpose

The purpose of this statement is to set forth University policy on the retention and disposal of University records.

II. Preamble

It is necessary and appropriate that Wichita State University requires that different types of records be retained for specific periods of time and that it designate official repositories for maintenance and retention of records. University records must be managed in accordance with this policy.

III. Policy

The University is committed to effective record retention to meet legal standards, optimize the use of space, ensure security of confidential information, minimize the cost of record retention, preserve institutional history and ensure that outdated and useless records are destroyed.

IV. Definitions

A. Active Record

A University record with current administrative use for the department that generated it. Records remain active for varying numbers of years, depending on the purpose for which they were created.

B. Archival Record

A University record that is inactive, not required to be retained in the office in which it originated or was received, and has permanent or historic value. Archival records are retained and preserved indefinitely in the appropriate archival repository (i.e. Special Collections, salt mines, etc.).



C. Custodian/Electronic Record

The originator of an email message or the creator of an electronic document if that person is a University employee; otherwise it is the University employee to whom the message is addressed or to whom the electronic document is sent. If the record is transferred, by agreement or policy, to another person for archival purposes, then that person becomes the Custodian/Electronic Record.

D. Electronic Record

Any record that is created, received, maintained or stored on University local workstations or central servers. Examples include, but are not limited to:

1. Electronic mail (email)
2. Word processing documents and spreadsheets
3. Databases - both static and those that are transactional in nature (i.e. tables in Banner with multiple user access and modification capabilities)

E. Inactive Record

A University record that is inactive, not required to be retained in the office in which it originated or was received.

F. Official Repository

The department designated as having responsibility for retention and/or timely destruction of particular types of official University records. Such responsibility is assigned to the department head or a designee.

G. University Archives

A component of the Special Collections Department of University Libraries that promotes knowledge and understanding of the University's origins, aims, programs, and goals. This work includes permanent retention of records and reports of the University, its officers and component parts; maps and architectural records; audiovisual materials, including still photographs and negatives, motion picture film, oral history interviews, audio and videotapes; and artifacts and ephemera documenting the University's history.

H. University Record

The original copy of any record in printed or electronic format. Official Repositories and retention schedules for these records are identified in the University's [Records Retention Schedule](#).



V. Procedures

A. Responsibilities for Managing Official University Records

Departments that maintain any University Records are the Official Repository of such records and each department head or designee must:

1. Implement the department's record management practices consistent with this policy.
2. Educate staff within the department in understanding sound record management practices, including a system for efficient retrieval of Active Records.
3. Transfer Inactive Records that may have historic value to the University Archives.
4. Ensure that access to confidential files is restricted. Long-term restrictions on access to selected Archival Records should be negotiated at the time of their transfer to the University Archives.
5. Destroy Inactive Records that have no historic value upon passage of the applicable retention period. If in doubt as to the potential historic value, consult with the Curator of Special Collections and University Archivist (hereinafter University Archivist) before destroying the Inactive Records.

B. Preserving or Disposing of Official University Records

When the prescribed retention period (see University [Records Retention Schedule](#)) for official University records has passed, a determination of whether to preserve or dispose of the documents must be made. To decide if a University Record is of historic value to the University, consult the University Archivist who has the authority to designate which University Records are archival.

1. Archival Records

If it has been determined that the University Records are Archival Records, they may be transferred to Special Collections. Call the University Archivist to initiate the following:

- a. Review records to be sent to University Archives;
- b. Request a transfer form;
- c. Depending on the amount of material to be transferred and staff availability, the Special Collections staff may make a site visit and pick up the records. If staff is unavailable to pick up the material, the department of origin may take the material to Special Collections at a prearranged time; and
- d. Small quantities may be sent through campus mail.



University Records that are transferred to Special Collections are not in storage. The transfer is permanent and the University Records become part of the University Archives (see definition G above).

2. Inactive Records

If it has been determined that University Records are Inactive Records, and therefore, not of permanent historic value, they, consistent with K.S.A. 45-403, should be destroyed in one of the following ways:

- a. Recycle non-confidential paper records; or
- b. Shred or otherwise render unreadable confidential records; or
- c. Erase or destroy Electronic Records (periodically review records generated and maintained in University information systems or equipment to ensure that these requirements are met).

C. Location and Duration for Record Retention

1. The University [Records Retention Schedule](#) lists the Official Repositories for University Records, as well as how long these records must be maintained.
2. Record retention periods may be increased by government regulation, judicial or administrative consent order, private or governmental contract, pending litigation or audit requirements. Such modifications supersede the requirements listed in this policy. Any suspension of record destruction required will be accomplished by a notice sent out to the affected units or individuals by the General Counsel's Office.
3. Questions regarding the retention period for any specific document or class of documents not included in the schedule should be addressed to the General Counsel's Office.
4. Departments that are not Official Repositories, and that retain duplicate or multiple copies of University Records, should dispose of the records when they are deemed to be no longer useful.

CI. Electronic Records

1. Maintenance and disposal of Electronic Records, as determined by the content, is the responsibility of the Custodian/Electronic Record and must be in compliance with the University [Records Retention Schedule](#). Work related email is a University Record and must be treated as such.
2. Email messages and any associated attachment(s) with retention periods greater than three (3) years are to be maintained according to the University Records Retention Schedule in a format capable of reproduction. It is important to note that the email message should be kept with the attachment(s). If emails are printed and filed in similar fashion to paper records for retention purposes, the printed copy of the email must contain the following header information:



- a. Who sent message
 - b. Who message was sent to
 - c. Date and time message was sent
 - d. Subject
3. When email is used as a transport mechanism for other record types, it is possible, based on the content, for the retention and disposition periods of the email and the transported record(s) to differ. In this case the longest retention period shall apply.
 4. Information Technology Services (ITS) performs backups on a regular schedule of the email and electronic files stored on central servers for disaster recovery. These backups are to be used for system restoration purposes only. The information technology system administrator is not the Custodian/Electronic Record of messages or records which may be included in such backups.
 5. When litigation against the University or its employees is filed or threatened, the law imposes a duty upon the University to preserve all documents and records that pertain to the issues. As soon as the General Counsel is made aware of pending or threatened litigation, a litigation hold directive will be issued to the appropriate individuals. The litigation hold directive overrides any records retention schedule that may have otherwise called for the transfer, disposal or destruction of the relevant documents, until the hold has been cleared by the General Counsel. Email and computer accounts of separated employees that have been placed on a litigation hold by the General Counsel will be maintained by ITS until the hold is released. No employee who has been notified by the General Counsel of a litigation hold may alter or delete an electronic record that falls within the scope of that hold. Violation of the litigation hold request may subject the employee to disciplinary action, up to and including dismissal, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.

VI. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.



20.24 / Designating University Title IX Coordinators and Associate Coordinators

Effective: September 15, 2011 Revised: July 24, 2019

I. Purpose

The purpose of this policy is to designate the University officials who have primary responsibility for Title IX compliance.

II. Preamble

Title IX of the Education Amendment of 1972 prohibits discrimination on the basis of sex in any federally funded education program or activity. In an effort to put in place and coordinate efforts to comply with and carry out institutional responsibilities under Title IX, the University is promulgating this policy.

III. Policy

A. Title IX Coordinator

Title IX Coordinator

Human Resources Center 110

(316) 978-5177

sara.zafar@wichita.edu

Duties and Responsibilities: Monitoring and oversight of overall implementation of Title IX compliance at the University, including coordination of training, education, communication and administration of all related policies and procedures. Complaints of discrimination on the basis of sex that are reported to the Title IX Coordinator will be investigated. The Title IX Coordinator will receive complaints and provide information regarding available resources as well as reporting and resolution options. The Title IX Coordinator will also designate Deputy Coordinators in specific academic and administrative units to conduct outreach and provide information about addressing complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and stalking.

B. Title IX Deputy Coordinators

1. For athletics, contact:



Senior Associate Athletic Director and Senior Women's Administrator
Intercollegiate Athletics

Charles Koch Arena, Room 201

(316) 978-5534

becky.endicott@wichita.edu

Student-athletes, coaches or administrators can contact Senior Associate Athletic Director/Senior Women's Administrator, Rebecca Endicott, for information about resources regarding complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and stalking. The Deputy Title IX Coordinator will refer complainants to the Title IX Coordinator. If you have a complaint about gender equity in the WSU athletics programs, you should contact the Senior Associate Athletic Director/Senior Women's Administrator, Rebecca Endicott, who is the designee for the Title IX compliance in matters related to gender equity in the WSU athletics programs.

2. For university employees and visitors contact:

Executive Director Human Resources Human

Resources Center, Room 117

(316) 978-3540

judy.espinoza@wichita.edu

Employees and visitors can contact the Director of Human Resources, Judy Espinoza, for information about resources regarding complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and stalking. The Deputy Title IX Coordinator will refer complainants to the Title IX Coordinator.

3. For university faculty contact:

Associate Vice President for Academic Affairs

Office of Academic Affairs

(316) 978-5054

linnea.glenmayer@wichita.edu

Faculty members can contact the Associate Vice President for Academic Affairs, Linnea GlenMayer, for information about resources regarding complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and stalking. The Deputy Title IX Coordinator will refer complainants to the Title IX Coordinator.

4. For students contact:



Assistant Vice President for Student Affairs
Rhatigan Student Center, Room 231
(316) 978-6105
alicia.newell@wichita.edu

Students can contact the Assistant Vice President for Student Affairs, Alicia Newell, for information about resources regarding complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and Stalking. The Deputy Title IX Coordinator will refer complaints to the Title IX Coordinator.

VII. Reporting

To file a complaint of sex discrimination, sexual misconduct, sexual harassment, relationship violence or stalking, contact the Title IX Coordinator. To report a sex-related crime that occurred on University property, contact:

WSU Police Department
Campus Police Building
1845 Fairmount St.
Wichita, KS 67260-0003
(316) 978-3450

VIII. Related WSU Policies

- [3.02](#) / Notice of Nondiscrimination
- [3.06](#) / Sexual Harassment, Discrimination and Retaliation for Employees, Students and Visitors
- [3.19](#) / Prohibition of Retaliation



20.25 / Human Trafficking of Persons Prohibited

Effective: November 27, 2018

I. Purpose

Wichita State University (WSU) is committed to combating human trafficking in persons and does not tolerate or condone human trafficking of any form or at any level within the University. Moreover, the University's Center for Combating Human Trafficking (CCHT) offers prevention of human trafficking and pathways out of exploitation, which may include college scholarships and/or paid internships for survivors. This policy was derived from the federal government zero tolerance policy for human trafficking ([FAR 52.222-50](#)). It is important that WSU employees, subcontractors, contractors, vendors or the like refrain from any practice that constitutes human trafficking in persons.

II. Applicability

All WSU employees must read and adhere to this policy. In addition, WSU contracted consultants and subcontractors are required to adhere to this policy to the extent required by contract or law.

III. Policy Statement

- A. WSU forbids human trafficking in persons. WSU employees and the employees of consultants and/or subcontractors, to the extent applicable by law or contract, shall not engage in any human trafficking related activities, including but not limited to:
1. Engage in any form of trafficking in persons during the performance of their employment or contract with WSU;
 2. Procure commercial sex acts during the performance of their employment or contract with WSU;
 3. Use forced labor in the performance of the contract;
 4. Destroy, conceal, confiscate, or otherwise deny access by an employee to the employee's identity or immigration documents, such as passports or drivers' licenses, regardless of issuing authority;
 5.
 - a. Use misleading or fraudulent practices during the recruitment of employees or offering of employment, such as failing to disclose, in a format and language accessible to the worker, basic information or making material misrepresentations during the recruitment of employees regarding the key terms and conditions



of employment, including wages and fringe benefits, the location of work, the living conditions, housing and associated costs (if employer or agent provided or arranged), any significant cost to be charged to the employee, and, if applicable, the hazardous nature of the work;

- b. Use recruiters that do not comply with local labor laws of the country in which the recruiting takes place;
6. Charge employees recruitment fees;
7. Fail to provide return transportation or pay for the cost of return transportation upon the end of employment ([full text of 52.222-50 \(b\)\(7\) including limitations](#) can be found here);
8. Provide or arrange housing that fails to meet the host country housing and safety standards ([full text of 52.222-50 \(b\)\(8\) including limitations](#) can be found here); or
9. If required by law or contract, fail to provide an employment contract, recruitment agreement, or other required work document in writing ([full text of 52.222-50 \(b\)\(9\) including limitations](#) can be found here).

IV. Policy Violations

The University is required to and will take action for violation of the U.S. Government's zero tolerance policy, including, but not limited to:

- Removing the violating employee from working on any applicable contract;
- Reduction in benefits for the violating employee; or
- Imposing actions related to employment, up to and including termination of employment with WSU.

V. Reporting Noncompliance

Employees may report without fear of retaliation, activity inconsistent with the policy prohibiting trafficking by contacting WSU's Employee Reporting hotline at [1-844-724-5631](tel:1-844-724-5631) or via the [WSU Hotline website](#), or the Global Human Trafficking Hotline at [1-844-888-FREE](tel:1-844-888-FREE) or via email at help@befree.org. All hotlines allow anonymous reporting as permitted by applicable law.

Additional information about Trafficking in Persons and examples of awareness programs can be found at the website for the [Department of State's Office to Monitor and Combat Trafficking in Persons](#). More information about WSU's Center for Combating Human Trafficking and available services can be found at <http://combatinghumantrafficking.org/>. For questions related to this policy as it pertains to human trafficking, please contact the Office of the General Counsel for WSU.



VI. Applicable Laws

FAR 52.222-50

VII. Policy Owners

Federal Contracts Compliance, NIAR Research Compliance