NC STATE

College of Sciences

Standard Operating Procedures

DO.04.01 Procedures for Establishing Colleges of Sciences Standard Operating Procedures (SOPs)

Sponsor: Dean Chris McGahan, College of Sciences

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Effective Date: 01/12/2022

Related Policies: **REG01.25.05 PRR Protocol**

College of Sciences

Standard Operating Procedures

1. INTRODUCTION

The College's administrative units and departmental administrative offices must establish standard operating procedures (SOPs) in order for their units to reliably and consistently complete their responsibilities. SOPs provide advantages when new employees are hired and serve as a reference for current employees. This initial SOP describes how College of Sciences SOPs are documented and developed, adopted, revised and retired.

The College of Sciences' Standard Operating Procedures (SOP) are established or prescribed administrative procedures to be routinely followed in a given situation or to accomplish a specific task by those responsible for accomplishing the relevant work. This SOP establishes procedures to be followed when establishing an SOP. SOPs not developed and approved in accordance with this SOP will not be recognized.

2. DIFFERENCE BETWEEN University Policy, Rule, and Regulation (PRRs) AND Sciences SOPs

Sciences SOPs are distinguished from NC State Policies, Regulations and Rules (PRRs) because they do not directly or substantially affect procedural or substantive rights or duties. Sciences SOPs must not conflict with PRRs. NC State PRRs are posted at http://policies.ncsu.edu. Procedures that meet the criteria for PRRs should be submitted in accordance with REG01.25.05 (referenced above as a related policy). Definitions for what constitutes a policy, regulation or rule can be found at policies.ncsu.edu/page/definitions.

The procedures outlined here should not be used to submit a NC State PRR.

3. DEFINITIONS

Clients: Those who will be utilizing the SOP to achieve its intended outcomes.

Client Facing SOPs: Standard operating procedures that are followed by those outside the responsible administrative unit.

Culture Charter: The College of Sciences' culture charter describes the behavioral expectations and guiding principles governing the college's culture

Internal SOPs: Standard operating procedures that are used exclusively for internal unit operations

Internal staff: Internal staff members are those who are part of an administrative unit. Responsible staff who have dotted line reporting to an administrative unit are considered to be part of the administrative unit rather than external stakeholders or clients.

Responsible staff: Staff members who are responsible for performing the work defined by the SOP.

College of Sciences

Standard Operating Procedures

Significant impact: A time-consuming impact to a stakeholder's existing business processes, workflows, or training (this excludes impact to internal staff as defined above).

SOP: Abbreviation for Standard Operating Procedure

Standard Operating Procedure: An administrative procedure that applies to a task, process, or situation that is performed by those responsible for completing the work.

SOP Sponsor: The administrative officer or unit head to whom the Dean has delegated authority and accountability for the performance of the work described in the SOP.

SOP Owner: The position accountable for ensuring that the SOP is defined, communicated, performed and reviewed. In some cases, the SOP Sponsor may also be the SOP Owner.

Stakeholders: Departments, units, or constituent groups whose established business processes or workflows are significantly impacted by the development, revision, or elimination of a client facing SOP.

4. DELEGATION OF AUTHORITY FOR SOP APPROVAL

The Dean of the College of Sciences is ultimately accountable for all administrative outcomes in the College and has the authority to approve all SOPs.

In order to efficiently and effectively manage the work required for administrative functions, the Dean may delegate authority to approve SOPs.

The Dean has delegated the authority to approve SOPs to the administrative unit heads who are accountable for work in these areas:

- Academic Affairs
- Advancement
- Communications & Marketing
- Finance and Business Management
- Human Resources
- Inclusive Excellence
- Information Technology
- Research

Unless otherwise specified, the Dean will similarly delegate authority to the heads of administrative units created in the future to approve SOPs for the work they are accountable for.

In addition, the Dean has delegated the authority to approve SOPs related to the internal functions of departments and center offices to the respective department heads and center directors.

NC STATE

College of Sciences

Standard Operating Procedures

5. WHEN AN SOP SHOULD BE CREATED

Each College administrative unit and department/center office **will** create and maintain SOPs for all standard procedures and practices that are specific to their unit's work. This provides continuity in the event of employee turnover, reduces training needs, allows employees to learn and perform work independently, and ensures that stakeholders understand how to interact with the unit to achieve the relevant outcomes.

Some examples of areas that may require SOPs include:

- Administrative tasks
- Approval processes
- Enrollment and withdrawal
- Financial processes
- Hiring and recruitment
- Recurring award and recognition processes
- Reporting procedures
- Service request procedures
- Technical procedures
- Time off requests

These examples are not exhaustive.

6. SOP ESSENTIALS

Standard operating procedures should be created in accordance with the principles listed here and include the essential elements noted.

6.1 Principles

The key principles of the SOP Development and Revision process are:

- SOP development is a collaborative process that includes the voices of responsible staff and stakeholders in alignment with the College of Sciences' culture charter.

- The SOP Sponsor is accountable for the work described in the SOPs and makes the final decision about the adoption, modification, or retirement of any SOP in their area of responsibility.

- SOP development is a time-bound process that balances a meaningful opportunity for responsible staff and stakeholders to provide input with the necessity of completing SOP development and revision in a reasonable timeframe.

6.2 Timelines

Timelines associated with the performance of the SOP should be explicit, clear and reasonable.

6.3 RACI Charts

Successful performance of an SOP requires an unambiguous understanding of who is responsible for performing its steps. **RACI charts are required for each SOP.** This SOP shows examples in section 7.

RACI is an acronym used to identify the responsibilities of the each role:

RACI: Who is responsible, accountable, consulted & informed?

- R= Responsible for performing the work or implementing the decision
- A = Accountable for the work or decision
- C= Consulted about the work or decision
- I= Informed about the work or decision

6.4 Workflow Diagrams

Workflow diagrams indicate the process flow and decision points associated with performing the SOP and useful to include, particularly for multi-step SOPs.

6.5 Forms and Templates

Forms and templates allow information to be provided in a structured format. Standard operating procedures that require repeated input of similar information may benefit from the inclusion of forms or templates in order to simplify data collection and ensure consistency.

6.6 Process Exceptions

There may be circumstances that make adhering to the established timelines or procedures impossible or counterproductive. These should be documented within the SOP to the extent they can be anticipated.

6.7 Naming and Numbering Conventions

6.7.1 Title

The title of an SOP should specifically represent the purpose of the procedure that the SOP governs. Avoid overly broad or vague titles. A naive reader should be able to understand the purpose of the SOP from its title. For example, "Procedures for Establishing Colleges of Sciences Standard Operating Procedures" is preferable to "Standard Operating Procedures".

6.7.2 Unit Prefixes

NC STATE

College of Sciences

Standard Operating Procedures

Each department, center and administrative unit is assigned a unique two to four letter prefix to identify their SOPs. Prefixes will not be reused for other units in the future. See the list of unit prefixes at

SOP Unit Prefixes

6.7.3 Numbering Convention

SOPs are numbered sequentially, as are document revision numbers.

6.7.3.1 Client Facing SOP Numbering

- Each Client Facing SOP is assigned a number that consists of two-letter unit prefix, SOP number, and a document revision number separated by periods.
- Each unit's first SOP number is 01 and subsequent SOP numbers are incremented by 1.
- SOP numbers are not reused after a policy is retired.
- The initial document version number is .00 and subsequent revisions are incremented by .01.

For example, initial version of the Dean's Office's fourth SOP titled "Procedure for Requesting an Appointment with the Dean" would be DO.04.00 and the next revision to that SOP would be DO.04.01

6.7.3.2 Internal SOP Numbering

- Each SOP is assigned a number that consists of two-letter unit prefix, **INT**, SOP number, and a document revision number separated by periods.
- Each unit's first SOP number is 01 and subsequent SOP numbers are incremented by 1.
- The initial document revision number is .00 and subsequent revisions are incremented by .01.
- SOP numbers are not reused after a policy is retired.

For example, the second revision of IT's third internal SOP titled "Making Leave Requests at Semester Boundaries" would be **IT.INT.03.02**

6.7.4 Retirement Numbering Convention

When an SOP needs to be replaced or retired, it should not be deleted and should retain its name prefixed by RET and a period. The original number should not be reused.

For example, if **IT.INT.03.02** needed to be retired, it would be renamed **RET.IT.INT.03.02**

6.7.5 Section Numbering Within an SOP

Section numbering follows a decimal outline format consistent with the ISO 2145 format. This document is an example.

NC STATE

College of Sciences

Standard Operating Procedures

6.7.6 Revision Table

Each time an SOP is revised or updated, the new revision number should be recorded in the SOP revision table along with the date and details of what was changed. This allows readers to quickly understand how the procedure has changed and when.

- If the change involves minor formatting, spelling or grammatical corrections, it is fine to note "Minor formatting corrections" or "Minor spelling/grammar corrections" rather than listing each individual correction.

- If the change impacts how or when a procedure is performed or other meaningful changes, the changes should be listed individually, such as "Added section 6.7.5, Revision Table to describe how to record changes" or "Changed standards for naming and numbering SOPs in section 6.7.3"

- The modified section number should be provided

- Changes that impact section numbering should be clearly explained in the revision table as this may be confusing if other documents are referencing the SOP.

- If an SOP is retired, the last entry in the revision table should read "Retired" with the date.

- If an SOP is retired and replaced with a new SOP governing the same work, the change log should read "Superceded by" and the name of the new SOP.

6.7.7 When to Retire vs Revise

When an SOP requires extensive and substantive changes, it is often better to retire the SOP and create a replacement rather than attempting to document all of the changes within the original SOP. The replacement SOP will have a different number than the original, following the numbering conventions noted in section 6.

6.7.8 Revision Table

The Revision Table is located at the end of the SOP document. The table structure for documenting revisions can be found in the SOP Template Example. See the end of this document for an example.

All revisions must be approved by the SOP Sponsor.

6.8 Related Policies

SOPs may implement university policies, regulations or rules (PRRs) or otherwise be informed by them. A list of PRRs can be found at policies.ncsu.edu. Relevant PRRs should be included in the header section.

NC STATE

College of Sciences

Standard Operating Procedures

Other related governing standards may be included as well (UNC System Polices, NIST standards, laws and external regulations, etc.) The purpose of including this information is to help the reader to understand the impetus for and context of the SOP.

Any PRR or other governing standard that is mentioned in the SOP should be included in the header and hyperlinked to the reference.

7. SOP DEVELOPMENT AND REVISION PROCESS

The SOP Development and Revision Process is used to develop new SOPs and modify existing ones.

7.1 Client Facing SOPs

Client facing SOPs are standard operating procedures that are used by clients external to the administrative unit that owns the SOP to accomplish an outcome. Client facing SOPs are created in consultation with stakeholders and responsible staff. While the final decision about the adoption of an SOP resides with the administrative unit head, stakeholders are entitled to review the SOP and provide feedback for consideration prior to its adoption.

This should be a conversation between the SOP Owner and the stakeholders with a goal of reaching a mutual understanding of any issues and so that the final SOP best accommodates both the needs and requirements of the administrative unit and the needs of the stakeholders.

The responsible staff should be consulted during the development of the SOP prior to its finalization in order to ensure that the SOP Owner understands the context and any practical constraints and ideas for improvement.

7.1.1 Timeline for Client Facing SOPs

Decision or Task	Typical timeline
Review Draft SOP	The SOP Owner will provide all stakeholder departments, units or groups with at least 10 business days notice to review, discuss and comment on the draft SOP. The SOP Owner will set a deadline for stakeholder input which may extend up to 20 business days at the discretion of the SOP Sponsor depending on the complexity and impact of the SOP.
Finalize SOP	SOP should be finalized by the SOP Owner within 10 business days of completion of stakeholder input period
Approve SOP	SOP should be approved by the SOP Sponsor within 5 business days after the final version is completed.

NC STATE

College of Sciences

Standard Operating Procedures

Communicate SOP	The SOP Owner should inform stakeholders and responsible staff of the final SOP within 3 business days of approval.
Publish SOP	The SOP Owner should publish the SOP within 3 business days of approval.

Under these guidelines, the time to move an SOP from draft to publication can range from 10 to 38 business days (roughly 2 to 8 calendar weeks).

7.1.2 RACI for Client Facing SOPs

Decision or Task	SOP Sponsor	SOP Owner	Responsible staff	Stakeholders	Clients
Create Draft SOP	A	R	C		
Identify stakeholders	C	A,R	C		
Contact stakeholders		A,R			
Review Draft SOP with stakeholders	A	R	C	C	
Finalize SOP		A,R	I	I	
Approve SOP	A,R		I	I	
Communicate SOP		A,R	I	I	I
Publish SOP		A,R			

7.1.3 Workflow Diagram for Client Facing SOPs

See: 📄 **DO.04 - 7.1.5 Workflow Diagram for Client Facing SOPs**

7.2 Stakeholder Suggestions for Client Facing SOPs

Stakeholders may make suggestions for improvements after a client facing SOP has been published by sending their suggestions using the process set forth by the SOP Owner. The SOP Sponsor and SOP Owner will review the suggestions and determine whether a change to the SOP is needed.

Minor changes that do not substantively impact the procedure or process governed by the SOP will not trigger the full SOP Development and Revision process. Examples of minor changes include corrections

NC STATE

College of Sciences

Standard Operating Procedures

to website URLs, updates to contact information, correction of spelling or grammatical errors, or rewording to clarify a procedure or other minor changes that do not change the SOP in a way that substantively impacts the business processes of the stakeholders.

Changes to the SOP that will result in substantive impact to stakeholders' business processes will trigger the full SOP Development and Revision process.

7.2.1 Timeline for Stakeholder Suggestions for Client Facing SOPs

Stakeholders should receive a written response by email from the SOP Owner within 15 business days which will tell them whether the suggestion has been declined, accepted, or referred to the full Development and Revision process for Client Facing SOPs.

7.2.2 Workflow Diagram for Stakeholder Suggestions for Client Facing SOPs

See 📄 **DO.04.00 - 7.2.2 Workflow Diagram for Stakeholder Suggestions for Client Facing SOPs**

7.3 Internal SOPs

Internal SOPs are created in consultation with responsible staff. Staff who perform the work governed by an SOP are often well-situated to provide informed feedback about the impact of the SOP on unit operations. In alignment with the college's culture charter, an inclusive approach to SOP development should be followed that respects the contributions and voices of responsible staff.

The Internal SOP process mirrors the Client Facing SOPs process with the exception that external stakeholder input is not required and that the SOP Sponsor may delegate authority to approve internal SOPs to an SOP Owner (such as a manager).

7.3.1 Timeline for Internal SOPs

Decision or Task	Typical timeline
Review Draft SOP	The SOP Owner will provide responsible staff with at least 10 business days notice to review, discuss and comment on the draft SOP. The SOP Owner will set a deadline for input which may extend up to 20 business days at the discretion of the SOP Sponsor depending on the complexity and impact of the SOP.
Finalize SOP	SOP should be finalized by the SOP Owner within 10 business days of completion of the input period
Approve SOP	SOP should be approved by the SOP Sponsor within 5 business days after the final version is completed.
Communicate SOP	The SOP Owner should inform responsible staff of the final SOP within 3

NC STATE

College of Sciences

Standard Operating Procedures

	business days of approval.
Publish SOP	The SOP Owner should publish the SOP within 3 business days of approval.

7.3.2 RACI for Internal SOPs

Decision or Task	SOP Sponsor	SOP Owner	Responsible staff
Create Draft SOP	A	R	C
Review Draft SOP	A	R	C
Finalize SOP		A,R	I
Approve SOP	A,R		I
Communicate SOP		A,R	I
Publish SOP		A,R	

7.3.3 Workflow Diagram for Internal SOPs

See 📄 DO.04 - 7.3.3 Workflow Diagram for Internal SOPs

7.4 Process Exceptions

7.4.1 Extended unavailability of a stakeholder or responsible staff member

Reasonable flexibility is expected to accommodate scheduled time off or unexpected absences.

As SOPs are required in order to ensure that the administrative unit can perform its duties and responsibilities effectively, the SOP Sponsor may elect to move forward with approving an SOP despite the unavailability of responsible staff or important stakeholders.

Future revisions can be proposed when the stakeholder is once again available by following the Stakeholder Suggestions process.

7.4.2 Urgent Changes, Emergencies and Disaster Response

In the event of an unexpected external change to a process or policy, a recognized emergency or a disaster situation it may be necessary for an administrative unit to establish a new SOP or revise an existing one in order to respond to urgent needs.

Examples include a rapid pivot to remote work due to university closure that impacts service request procedures, a natural disaster that impacts timelines and deadlines, a new law or regulation that

requires an immediate change in order to comply with external requirements, or an unexpected change in the way the university provides required data.

In such cases, the SOP Sponsor may move forward with urgent changes without the usual input of stakeholders and responsible staff or may shorten or extend the processes for SOP development, revision, review or retirement. The SOP Sponsor and SOP Owner will make a best effort to follow the established processes as closely as possible under the circumstances.

When the emergency or disaster is resolved, the SOP Owner will follow the Review process for all SOPs implemented or revised during the emergency. Stakeholders should be invited to make suggestions by following the Stakeholder Suggestion process.

7.4.3 Minor Corrections

Minor corrections to spelling, grammar or formatting do not need to be formally reviewed by stakeholders or internal staff and can be made at any time without going through the SOP Development and Revision Process, given the policy number and revision table are updated as specified in section 6.

8. SOP PUBLICATION

8.1 Client Facing SOPs

Client Facing SOPs will be published on the College's SOP website.

8.1.1 Format: SOPs to be published on the College's SOP website must be provided in a standard format. The approved template for submitting Sciences SOPs is linked here. Additionally, this SOP serves as an example of the standard format. SOPs should be written clearly and concisely whenever possible.

8.1.2 Publishing: The SOP Owner will publish approved SOPs to the College's SOP website once they are approved by the SOP Sponsor.

8.1.3 Notification: The SOP Owner will notify stakeholders when SOPs are added, retired, or substantially changed using an appropriate communication method (email, meetings).

8.2 Internal SOPs

Internal SOPs are not published on the College's SOP website. These SOPs should be digitally stored in a secure, shared location accessible by responsible staff.

NC STATE

College of Sciences

Standard Operating Procedures

9. REVIEW AND RETIREMENT

9.1 Annual SOP review

The SOP Sponsor will ensure that all unit SOPs are reviewed annually.

The SOP Owner(s) will review the SOPs they are responsible for and determine whether the SOP should remain as-is or if it requires revision or retirement. The SOP should be updated to indicate the date of review. SOP reviews must be completed within 15 business days of their scheduled review date.

Revisions or retirement will follow the processes for SOP Development and Revision or SOP Retirement as well as updating the Revision Table as specified in 6.7.6

9.1.1 Scheduling Options for Annual SOP Review

A consistent scheduling process should be adopted for annual SOP reviews. Choices include:

- Review all unit SOPs at the same time each calendar year

- Divide the SOPs into batches to be reviewed at different points in the calendar year, such as quarterly. This may be desirable if certain processes during the year may inform the need for revisions (for example, SOPs related to year-end closeout might best be reviewed shortly afterwards).

- Each SOP may have a review date scheduled 12 months from its adoption. This is recommended only if using an electronic content management system that allows scheduling reviews.

9.2 Ad Hoc Reviews

In addition to the required annual review, SOPs may be reviewed as needed during the year.

9.3 SOP Retirement

University, college, or internal business processes and needs may change, obviating an SOP. This may occur at any time. When it becomes apparent that an SOP is no longer applicable, the SOP Owner will determine whether it should be revised or retired. Revisions should follow the SOP Development and Revision process.

Retired SOPs should be archived and remain accessible to responsible staff and stakeholders afterwards for reference. Retired SOPs should be updated with the date of retirement.

9.3.1 Timeline for SOP Retirement

SOP retirements should be announced to responsible staff and stakeholders at least 10 business days

NC STATE

College of Sciences

Standard Operating Procedures

prior to the retirement of the SOP.

REVISION TABLE

Policy and Revision Number	Section Reference	Summary of Changes	Revision Approved Date	Approved By
DO.04.00	N/A	Original. Supersedes DOC.01.00	01/12/2022	Dean Chris McGahan *Chris McGahan*
D0.04.01	Header	Changed SOP Owner to Jamie Barber rather than Dean McGahan. The Dean remains the SOP Sponsor with ultimate authority.	3/22/2022	*CM*
DO.04.01	8.1.1; revision table	Corrected link for example SOP, corrected revision table to indicate original approver is Dean Chris McGahan (accountable role) rather than COS Cabinet	3/22/2022	*CM*
DO.04.01	7.1.3, 7.2.2, 7.3.3	Corrected the prefix in the names for the linked documents from DC.04.00 to DC.04 to avoid needing to change the document names with every update to this SOP.	3/22/2022	*CM*