POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

**Faculty/Staff Handbook [FSH]**  □ Addition □ Revision* □ Deletion* □ Emergency

**Minor Amendment** □

Chapter & Title: ________________________________

**Administrative Procedures Manual [APM]**  □ Addition □ Revision* □ Deletion* □ Emergency

**Minor Amendment** □

Chapter & Title: ________________________________

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu. all changes must be made using "track changes."

**Originator(s):**
(Please see FSH 1460 C)

Telephone & Email: ________________________________

**Policy Sponsor:** (If different than originator.)

Telephone & Email: ________________________________

Reviewed by General Counsel  □ Yes □ No Name & Date: ________________________________

**I. Policy/Procedure Statement:** Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

to conform to Board policy II F.S.A.

**II. Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?

none

**III. Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.

**IV. Effective Date:** This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to:

FSH

Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________

[Office Use Only]

APM

F&A Appr.: ____________

[Office Use Only]

Track # ____________
Date Rec.: ____________
Posted: t-sheet ____________
     h/c ____________
     web ____________
Register: ____________
(Office Use Only)