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: FSH 3360 – Probation, Promotion, Demotion - new classification system

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) Name __________________Date __________________

Telephone & Email: ______________________________
crowley@uidaho.edu, 885-6151

Policy Sponsor: (If different than originator.) Same __________________Date __________________

Telephone & Email: ______________________________

Reviewed by General Counsel ☐ Yes ☐ No ______________________________

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.

The purpose of this change is to ensure consistency between the Faculty-Staff Handbook (FSH) and Administrative Procedures Manual (APM) and move policy that is in APM 50.51 into the appropriate policy in FSH 3360.

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.

Future review will be necessary, and has already been in review by staff, HR, and Counsel for the following: APM 50.50, 50.51, 50.35, 50.55; FSH 3360, 3370, 3440, 3460, 3080, perhaps others.

IV. Effective Date: This policy shall be effective immediately upon final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ______________________________

Policy Coordinator
Appr. & Date: _____________________________
[Office Use Only]

FSH

Appr. ______________
FC ______________
GFM ______________
Pres./Prov. ______________
[Office Use Only]

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

APM

F&A Appr.: ______________
[Office Use Only]