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 3050 Position Description -Form

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

Policy Sponsor: (If different than originator.) Name Date

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.

Current policy requires assessment for university accreditation. The desire is to allow more visibility of this requirement by putting language on the position description so that it becomes an annual reminder. Faculty Affairs has reviewed edited and approved.

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: ___________________________________________
Track # _______________ Date Rec.: _____________
Posted: t-sheet _________ h/c ___________
web _____________
Register:  ______________ (Office Use Only)

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

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

APM
F&A Appr.: ____________ [Office Use Only]