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: ____________________________

Minor Amendment □
Chapter & Title:  50.16 Criminal Background Check Procedures for Job Applicants, Employees and Volunteers

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): Greg Walters 11/19/2014
(Please see FSH 1460 C)
Name Date
Telephone & Email: 885-3478 gregwalters@uidaho.edu

Policy Sponsor: (If different than originator.)
Name 11/19/2016 Date
Telephone & Email: ____________________________

Reviewed by General Counsel  ___ Yes  ___ X 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 primary revision is to reflect President Staben’s desire to conduct background checks on graduate assistants, research assistants and teaching assistants prior to their start date.

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

Departments will assume a slightly higher burden to pay for the additional background checks – a small price to pay to protect our students and our community.

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

FSH 3065  APM 50.01 and 50.02.  All three refer to APM 50.16.

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: ________ Kent Nelson ________________________
Track # _______________
Date Rec.: _____________
Posted: t-sheet ___________
web ___________
Register: ______________
(Office Use Only)

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

FSH
Appr. _____________
FC _____________
GFM _____________
Pres./Prov. _____________
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APM
F&A Appr.: ____________________________
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