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

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

Chapter & Title: FSH 3320 – Faculty Annual Evaluation – Form only

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): Randall Teal 4/11/16

Name Date

Telephone & Email: rteal@uidaho.edu; 5-6149

Policy Sponsor: (If different than originator.)

Name Date

Telephone & Email: __________________________________________

Reviewed by General Counsel  _x_ Yes ____No Name & Date: __Debra Ellers______12/2/15__________

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.

This form is meant to facilitate more formative practices of faculty evaluation by shifting from a quantitative to a narrative process, and decoupling the evaluation process from the compensation process.

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.

A new position description form is connected to the process, as is a new “request for additional compensation” form.

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.

July 1, 2016

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. _____________

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APM

F&A Appr.: _____________

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