**POLICY COVER SHEET**

(See Faculty Staff Handbook 1460 for instructions at UI policy website: [www.webs.uidaho.edu/uipolicy](http://www.webs.uidaho.edu/uipolicy) [3/09]

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>Addition</th>
<th>Revision*</th>
<th>Deletion*</th>
<th>Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter &amp; Title: FSH 3050 – Faculty Position Description – Form only</td>
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<tbody>
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<td>Chapter &amp; Title: ______________________</td>
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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.”

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**Originator(s):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Randall Teal</td>
<td>4/11/16</td>
</tr>
</tbody>
</table>

**Telephone & Email:**

| rteal@uidaho.edu | 5-6149 |

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**Policy Sponsor:**

(If different than originator.)

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<tr>
<th>Name</th>
<th>Date</th>
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**Telephone & Email:**

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**Reviewed by General Counsel:**

| X_Yes | No | Name & Date: | __Debra Ellers_______________________ |

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**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 changes to the position description form are meant to help articulate a faculty member’s duties in broader terms. This change is aimed at: streamlining the process, establishing a more adaptable system that does not update minutiae every time a faculty member alters some aspect of their work, and focusing the discussion of PD meetings less on percentage management and hyper-specific goal setting, and more on the trajectory and role of the faculty member within their respective programs and in the university as a whole.

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

None.

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

Changes to the Faculty Evaluation form are related to this change.

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**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: ___________________________________________

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**Policy Coordinator**

Appr. & Date: ______________________

[Office Use Only]

**FSH**

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<tr>
<th>Appr.</th>
<th>FC</th>
<th>GFM</th>
<th>Pres./Prov.</th>
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[Office Use Only]

**APM**

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<th>F&amp;A Appr.:</th>
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[Office Use Only]

**Track # _______________**

Date Rec.: ___________

Posted: t-sheet ___________

h/c ___________

web ___________

Register: ___________

(Office Use Only)