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

Chapter & Title: FSH 3320 – Annual Evaluation

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): Marty Ytreberg Oct 16, 2017
(Please see FSH 1460 C)
Telephone & Email: 208-885-6908 ytreberg@uidaho.edu

Policy Sponsor: (If different than originator.)

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.

Remove pilot form language. Remove all references to the numerical score and clarify the narrative evaluation process. Clarify the consequences of not meeting expectations for multiple years.

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.
None

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 FS-18-012
GFM ____________
Pres./Prov. ____________
[Office Use Only]

APM F&A Appr.: ____________
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