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

Faculty/Staff Handbook [FSH] □ Addition X Revision* □ Deletion* □ Emergency

Minor Amendment □

Chapter & Title: 1640.41 Faculty-Staff Policy Group


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): Faculty Secretary, Liz Brandt
(Please see FSH 1460 C)

Telephone & Email: 208-885-6151/ebrandt@uidaho.edu

Policy Sponsor: (If different than originator.) Faculty/Staff Policy Group

Telephone & Email: ________________________________

Reviewed by General Counsel __Yes X 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.

Most issues coming to the committee will come from the Faculty Secretary/Policy Coordinator’s Office (Faculty Secretary) and it makes sense that the Faculty Secretary/Policy Coordinator who oversees/tracks policy changes be chair of this body. The change also clarifies an ambiguity in the policy that the Faculty Secretary is a non-voting member.

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. ________

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APM

F&A Appr.: ________
[Office Use Only]