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:  FSH 1570 – Secretary of the Faculty

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): Senate Leadership, Chair Hrdlicka & Liz Brandt, Faculty Secretary
(Please see FSH 1460 C)

Telephone & Email: hrdlicka@uidaho.edu & ebrandt@uidaho.edu

Policy Sponsor: (If different than originator.)

Telephone & Email: ______________________

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.

Update policy to reflect current roles and responsibilities of the Faculty Secretary, including oversight of policy process and the role this position plays in achieving positive outcomes.

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. FSH 1460

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. F: _______________________
FC: _______________________
GFM: _______________________
Pres./Prov.: ___________________
[Office Use Only]

APM
F&A Appr.: _______________________
[Office Use Only]