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

**Chapter & Title:**

**Administrative Procedures Manual [APM]**
- [ ] X Addition
- [ ] Revision*
- [ ] Deletion*
- [ ] Emergency

**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):**
- Mitch Parks – mitch@uidaho.edu 5-2522
- Mary George – maryl@uidaho.edu – 5-2522

(Please see FSH 1460 C)

**Telephone & Email:**

**Policy Sponsor:** (If different than originator.)
- Dan Ewart, dewart@uidaho.edu 5-2271

**Telephone & Email:**

**Reviewed by General Counsel**
- [ ] Yes  
- [x] No

Name & Date:

Jim Craig reviewed our identity theft plan, but has not reviewed the policy draft.

Also reviewed and approved by Dan Ewart, Brian Foisy, Linda Campos, and Liz Brandt

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.

Create new identity theft policy for compliance w/ federal regulations.

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

No fiscal impact anticipated.

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

Not aware of any related policies

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. **Policy should be implemented ASAP.**

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.  ____________

[Office Use Only]

**APM**

F&A Appr.:  ____________

[Office Use Only]