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*[X]
- □ Deletion*
- □ Emergency

**Chapter & Title:** FSH 1640.46 – Arts

**Administrative Procedures Manual [APM]**
- □ Addition
- □ Revision*[X]
- □ 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):** Leah Evans-Janke 10/18/2018

(Please see FSH 1460 C)

**Telephone & Email:** leahe@uidaho.edu 208-885-1771

**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. Replacing the Laboratory of Anthropology representative with the Director University Galleries is a long overdue transition that will not only provide a better fit for the mission of the committee but also allow for the immediate utilization of that person’s expertise regarding art acquisition, care, placement, and materials already in the campus collection.

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

N/A

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.: __________________

F&A Appr.: ____________________

[Office Use Only]