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 1580 – Faculty Senate Bylaws

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): (Please see FSH 1460 C)
Telephone & Email: ________________

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.

Eliminate the inability for faculty to serve a consecutive term on senate or to continue after serving more than half of another faculty senate member’s term. If a college’s faculty vote them in, there should be no problem with them serving another term.

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: __________________________

Policy Coordinator
Appr. & Date: ________________

[Office Use Only]

FSH
Appr. ________________
FC ________________
GFM ________________
Pres./Prov. ________________

[Office Use Only]

Track # ________________
Date Rec.: ________________
Posted: t-sheet ________________
h/c ________________
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Register: ________________
(Office Use Only)

APM
F&A Appr.: ________________

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