# POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: [www.webs.uidaho.edu/uipolicy](http://www.webs.uidaho.edu/uipolicy))

[3/09]

## Faculty/Staff Handbook [FSH]
- □ Addition
- ◼ Revision*
- □ Deletion*
- □ Emergency

### Chapter & Title:
FSH 3320 – Annual Evaluation

## Administrative Procedures Manual [APM]
- □ 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.”

<table>
<thead>
<tr>
<th>Originator(s):</th>
<th>Fac. Sec. Don Crowley FS-17-008 10/4/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Date</td>
<td><a href="mailto:crowley@uidaho.edu">crowley@uidaho.edu</a></td>
</tr>
</tbody>
</table>

Policy Sponsor: (If different than originator.)

<table>
<thead>
<tr>
<th>Senate Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Date</td>
</tr>
</tbody>
</table>

Reviewed by General Counsel

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Name &amp; Date:</th>
</tr>
</thead>
</table>

### 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.

Temporary fix to the Faculty-Staff Handbook (FSH) to allow the new narrative form to work inside the existing FSH. If the narrative form is adopted on a permanent basis, further revisions to the FSH will be needed. Faculty Affairs will take a broader look at the FSH, if the narrative form is adopted on a permanent basis. The “temporary fix” is intended to make checking the “not meeting expectations box” on the narrative form the functional equivalent of giving a “2” on the old form.

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

### 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**

<table>
<thead>
<tr>
<th>Appr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC FS-17-008</td>
</tr>
</tbody>
</table>

GFM

Pres./Prov. ______

[Office Use Only]

**APM**

<table>
<thead>
<tr>
<th>F&amp;A Appr.</th>
</tr>
</thead>
</table>

[Office Use Only]