POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>□ Addition □ Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter &amp; Title:</td>
<td>FSH 3050 – Position Description - policy</td>
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<td>Chapter &amp; Title:</td>
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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)

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Telephone & Email: crowley@uidaho.edu

Policy Sponsor: (If different than originator.)

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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.

Add sentence to ensure faculty understood that faculty should provide goals in all categories on the PD.

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: ____________________________________________

Policy Coordinator
Appr. & Date: [Office Use Only]

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________
[Office Use Only]

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

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