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 [x]

Chapter & Title: FSH 3320 – Annual Evaluation

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)

Name Date

Policy Sponsor: (If different than originator.)

Name Date

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.

Edits to clarify process for tenured faculty members.

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: _____Fac. Affairs 3/10/14 appr. ______________

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

FSH

Appr. ___________
FC __FS-16-016
11/17/15 & 12/1/15
GFM ___________
Pres./Prov. ___________

Track # ___________
Date Rec.: __11/15-15__
Posted: t-sheet ___________
h/c ___________
web ___________
Register: ___________
(Office Use Only)