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 1640.XX- Faculty/Staff Policy Group

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): Senate Leadership, Liz Brandt Chair
(Please see FSH 1460 C)
Telephone & Email: ebrandt@uidaho.edu

Policy Sponsor: (If different than originator.)
Telephone & Email: ________________________________

Reviewed by General Counsel X Yes No Name & Date: Kent E. Nelson 2/21/17
Staff Council approved Jan. 11th, edits approved.
Faculty Affairs approved, Brian Ellison Chair, bellison@uidaho.edu on Jan. 30, edit approved.
Committee on Committees approved. Feb. 8th.

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.

A new senate committee to provide a better working communication between Staff Affairs and Faculty Affairs on mutually related policies that affect each, as well as provide a forum to work out last second compromises before a policy proceeds to Senate.

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. FSH 1640.42 – Faculty Affairs

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: ______Staff Council Jan. 11 with edits________
Track # __________________
Date Rec.: __________________
Posted: t-sheet __________________
h/c __________________
web __________________
Register: __________________
(Office Use Only)

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

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

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