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 1620 –University Level Committees

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.

Update processes/minor edits. Involve fewer individuals in discussions of removing members from committees by replacing Senate with Committee on Committees as the body to approve. This is especially important in delicate personal situations.

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]

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

Track #: ____________
Date Rec.: ____________
Posted: t-sheet ____________ h/c ____________
web ____________
Register: ____________
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