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 X Revision* □ Deletion* □ Emergency
Minor Amendment X
Chapter & Title: FSH 3220 Sexual Harassment

Minor Amendment □
Chapter & Title: N/A

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): Erin Agidius, 10/5/18
(Please see FSH 1460 C)
Telephone & Email: 208-885-4285, erina@uidaho.edu
Policy Sponsor: (If different than originator.)
Telephone & Email: 

Reviewed by General Counsel _X__ Yes ___ No Name & Date: _Jim Craig, 7/20/18_____________________

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.
The addition is to align policies with SBOE/Regents policy and federal law. In addition clarifying language was added in response to feedback at the 11-6-18 faculty senate meeting

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
None at this time.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
APM 95.33, APM 95.20, APM 95.15

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
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. _________
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APM
F&A Appr.: ________
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