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: __________________________________________________________

Administrative Procedures Manual [APM] ☐ X Addition ☐ Revision* ☐ Deletion* ☐ Emergency
Minor Amendment ☐

Chapter & Title: 30.17 NEW – IDENTITY THEFT PROTECTION POLICY

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):

Mitch Parks – mitch@uidaho.edu 5-2522
Mary George – maryg@uidaho.edu – 5-5222

(Please see FSH 1460 C)

Telephone & Email: ______________________________________________________

Policy Sponsor: (If different than originator.)

Dan Ewart, dewart@uidaho.edu 5-2271

Telephone & Email: ______________________________________________________

Reviewed by General Counsel ___Yes ___X__No Name & Date:
Jim Craig reviewed our identity theft plan, but has not reviewed the policy draft.
Also reviewed and approved by Dan Ewart, Brian Foisy, Linda Campos, and Liz Brandt

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.
Create new identity theft policy for compliance w/ federal regulations.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
No fiscal impact anticipated.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
Not aware of any related policies

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. Policy should be implemented ASAP.

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. ____________
[Office Use Only]

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