Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □

Chapter & Title: ____________________________________________

Administrative Procedures Manual [APM] - Minor Amendment

Chapter & Title: APM 95.13

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): Matt Dorschel September 30, 2014
(Please see FSH 1460 C)

Telephone & Email: 5-7209 / mdorschel@uidaho.edu

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. This change is administrative – changes “surveillance” to security throughout the policy to more accurately describe the intent and purpose of the camera systems.

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. None.

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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