POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

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

Chapter & Title: FSH 3320 – Annual Evaluation 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): Marty YtrebergFeb. 20, 2019
(See FSH 1460 C)

Telephone & Email: 208-885-6908 ytreberg@uidaho.edu

Policy Sponsor: (If different than originator.)

Policy Coordinator
FAS Appr. & Date:

[Office Use Only]

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

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.

FAC approved new version of Admin Eval. to substitute earlier version passed Fall 2018. This revision includes language with regard to a faculty initiated review, and on how confidential feedback will be collected.

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)