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 1566 move to FSH 1520 – University Constitution, Art.V. Sec.2 (3)

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)
Liz Brandt 2/26/19
Name Date

Telephone & Email:
885-7808 ebrandt@uidaho.edu

Policy Sponsor: (If different than originator.) same

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.

Remove language in FSH 1566 to become a footnote in 1520 the University Faculty Constitution under Article V., Sect. 2, (3). The current language in 1566 is historical information and not policy. By moving this language as a footnote we retain the historical information at the point where it is most relevant.

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: ___________________________________________

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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