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 1570 – Secretary of the Faculty

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): Senate Leadership, Chair Johnson & Liz Brandt, Faculty Secretary
(Please see FSH 1460 C)
Telephone & Email: aaronj@uidaho.edu & ebrandt@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 policy is being revised to reflect restructuring of the faculty secretory position. Policy responsibilities will be covered by a new policy Coordinator in the future and not by the faculty secretary.

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. FSH 1520

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: ____________________________  ____________________________
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FSH  
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Pres./Prov. ____________________________  
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