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):
(Please see FSH 1460 C)

Senate Leadership, Chair Johnson & Liz Brandt, Faculty Secretary
Name ___________________________ Date ___________________________

Telephone & Email: aaronj@uidaho.edu & ebrandt@uidaho.edu

Policy Sponsor: (If different than originator.)

Name ___________________________ Date ___________________________

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 secretary 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, 1580, 1460, 1640.28, 1640.41, 1640.42, 1640.91

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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Track # _______________
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web ___________
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