POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)
[3/09]

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

Chapter & Title: FSH 1640.22/1640.40 – Campus Planning & Campus Classroom

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)

Name Date
Brian Johnson 14 Mar 2019

5-6246 johnsonb@uidaho.edu

Policy Sponsor: (If different than originator.)

Name Date
Brian Foisy 14 Mar 2019

5-6174 brianfoisy@uidaho.edu

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. Only minor editorial updates to 1640.22. Major rewrite of 1640.40 abolishes the old Facilities Scheduling Policy Committee and newly establishes the Classroom Committee, clarifying roles and participants.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
No fiscal impacts result from these policy changes.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.

FSH 1640.22; 1640.40 (rewrite/new); APM 40.10

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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F&A Appr.: ____________
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