

Track #



**Request for UI Policy and/or Procedure
Addition, Revision, and/or Deletion**

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

Title: _____

Administrative Policy & Procedures Manual [APPM]
 Addition Revision Deletion

Title: _____

*Note: If revision or deletion to FSH policy, request original document from annat@uidaho.edu.

**Date Submitted to
Policy Coordinator:** _____

Responsible Unit and/or Committee: _____

Policy Sponsor: _____

Telephone and Email: _____

Originator: _____

Telephone and Email: _____

I. **Policy/Procedure Statement:** Briefly explain the purpose of proposed addition, revision, and/or deletion to the *Faculty/Staff Handbook* or the *Administrative Policy & Procedures Manual*.

II. **Reason/Rational:** Reason this addition, revision, and/or deletion is necessary?

III. **Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?

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

<input type="checkbox"/> FSH Addition/Revision/Deletion <input type="checkbox"/> Minor Amendment	Chapter: _____
<input type="checkbox"/> APPM Addition/Revision/Deletion <input type="checkbox"/> Minor Amendment	Title: _____ Chapter/Section: _____
[Official Use – Completed by Policy Coordinator]	

Unit and/or Committee	Approve	Disapprove	Signature on file	Date
Policy Coordinator	<input type="checkbox"/>	<input type="checkbox"/> *		
*forwarded for further review to:				
	<input type="checkbox"/>	<input type="checkbox"/>		
Faculty Council (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
General Faculty (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
University President	<input type="checkbox"/>	<input type="checkbox"/>		
SBOE (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
Policy Coordinator (Publication date)				