

POLICY COVER SHEET
(See *Faculty Staff Handbook 1460* for instructions.)

[1/08]

Faculty/Staff Handbook [FSH] Addition Revision* Deletion* Emergency
Minor Amendment

Chapter & Title: FSH 3320 – Annual Performance Evaluation

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): Subcommittees of Faculty Affairs formed to review P&T Process since 2006
(Please see FSH 1460 C) Name Date
Telephone & Email: Charles Morrison Chair, charlesm@uidaho.edu

Policy Sponsor: (If different than originator.) Faculty Affairs - Don Crowley 12/5/08
Name Date
Telephone & Email: Crowley@uidaho.edu

Reviewed by General Counsel Yes No Name & Date: Hoey Graham 12/5/08

I. Policy/Procedure Statement: Briefly explain the purpose of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.
Changes to this policy began in 2006 with the formation of a sub-committee of Faculty Affairs to review and clarify current P&T processes. See http://www.webs.uidaho.edu/facultycouncil/CommitteeWebPages/Agenda_Minutes_Faculty_Affairs_P&T_Subcommittee.htm for all records of this sub-committee. Then in 2007-08 a second sub-committee was formed at the recommendation of the first sub-committee to review policy and a request to simplify the forms by the Provost, to also include interdisciplinary activities, tie AE to PD, connect to Strategic Action Plan goals. See http://www.webs.uidaho.edu/facultycouncil/CommitteeWebPages/Agenda_Minutes_Fac_Affairs_Subcommittee_PDAE.htm for records of this sub-committee’s work.

II. Reason/Rationale: Reason this addition, revision, and/or deletion is necessary, if different than above? Many discrepancies were found in policy, forms and policy were inconsistent, unclear processes, process changes.

III. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
none

IV. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
FSH 1565, 3050, 3520, 3560, 3570, 3420, 3140.

V. 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: _____

Policy Coordinator Appr. & Date: _____ [Office Use Only]

FSH Appr. <u>FCL 12/12/08</u> FC <u>FC-09-069</u> GFM _____ Pres./Prov. _____ [Office Use Only]
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Track # <u>UP-09-024</u> Date Rec.: <u>12/5/08</u> Posted: t-sheet <u>12/16/08</u> h/c _____ web _____ Register: _____ (Office Use Only)
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APM F&A Appr.: _____ [Office Use Only]
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