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] □X Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □

Chapter & Title: 3185 Employee Work Related Education

Minor Amendment □

Chapter & Title: ____________________________

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): Elissa Keim 3/4/2014
(Please see FSH 1460 C)
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Policy Sponsor: (If different than originator.) Greg Walters 3/4/2014
Name Date
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Reviewed by General Counsel _X__ Yes ____No Name & Date: Kent Nelson, 3/5/ & 12/3/2014

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. Update the FSH to incorporate a policy related to university-directed and job-specific required education, clarify supervisor and employee responsibility, and documentation requirements.

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.

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/e ____________
 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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