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 X Revision* □ Deletion* □ Emergency
Minor Amendment □
Chapter & Title: Leave Policies for All Employees 3710

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): Don Crowley, Faculty Secretary 11/24/15
(Please see FSH 1460 C)
Name Date
Telephone & Email: 885-6151 crowley@uidaho.edu

Policy Sponsor: (If different than originator.) Seante Leadership/Faculty Affairs 11/13/15
Name Date
Telephone & Email: Randy Teal and Marty Ytreberg

Reviewed by General Counsel ___Yes X___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.

Update university policy to comply with Supreme Court decision that recognizes same sex marriages.

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

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/c ______ web ______ Register: ______________

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

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________

APM
F&A Appr.: ________
[Office Use Only]