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 □ Revision* □ Deletion* □ Emergency

Minor Amendment □

Chapter & Title: FSH 3760 Educational Discount

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.”

<table>
<thead>
<tr>
<th>Originator(s):</th>
<th>Faculty Senate / Senate Leadership</th>
</tr>
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<tbody>
<tr>
<td>(Please see FSH 1460 C)</td>
<td>Name</td>
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<tr>
<td>Telephone &amp; Email:</td>
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| Policy Sponsor: | Ruth Funabiki, Faculty Affairs Chair 11/17/14 |
| (If different than originator.) | Name | Date |
| Telephone & Email: | funabiki@uidaho.edu |

Reviewed by General Counsel: X Yes ____ No Name & Date: ____ Kent Nelson 11/25/14_____

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.

To address an exception in current policy that appears outdated which limits the ability for off-site employees to take courses at a reduced rate much like Moscow employees who have the advantage of taking face-to-face classes. The exception limiting this for all employees affects our off-site employees most since most classes they are able to take are web-based, hybrid or video-conference type courses (non-face-to-face courses).

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/c ________
    web ________
Register: ____________
(Office Use Only)

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

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________
[Office Use Only]

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