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: 3180 Employee Professional Development and Learning

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): ________________________________ Name ____________________________ Date ________________
(Please see FSH 1460 C)

Telephone & Email: ___________________________ ____________________________

Policy Sponsor: (If different than originator.) ________________________________ Name ____________________________ Date ________________

Telephone & Email: ___________________________ ____________________________

Reviewed by General Counsel □ Yes □ No Name & Date: Kent Nelson, 12/2/2014

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.

Edit D-1 minor edit needed that was discovered during review of new policy FSH 3185 Employee Work Related Education.

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.

FSH 3185

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]

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Date Rec.: ________________

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