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

Minor Amendment ☑

Chapter & Title:  FSH 3730 – C-2 b Honored Staff Retiree Privileges

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):  (Please see FSH 1460 C)

Policy Sponsor:  (If different than originator.)

Telephone & Email:

Reviewed by General Counsel  ____Yes ____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.

The minor amendment to FSH 3730 – C-2 mirrors that of FSH 1565 E-4 “n” is a result of an inquiry made by 2014-15 Senate Leadership regarding the privileges of honored staff retirees when it comes to software. After consulting with ITS, specifically Dan Ewart, Brian Cox and Ben Kirchmeier, it was determined that software privileges are extended to emeriti faculty and honored staff retirees for University/institutional software licenses. Non-University/institutional software licenses for emeriti faculty are at the discretion of emeriti home departments.

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

The immediate impact is negligible given the current software vendor contracts. Future fiscal impacts are unknown and dependent upon future software contracts.

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: __________________________________________

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

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

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