POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: [www.webs.uidaho.edu/uipolicy](http://www.webs.uidaho.edu/uipolicy) [3/09]

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>□ Addition □ Revision* □ Deletion* □ Emergency</th>
</tr>
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<tbody>
<tr>
<td>Chapter &amp; Title:</td>
<td>FSH 1640.74 &amp; 3720 Sabbatical Leave</td>
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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): Anne Marshall, SLEC Chair 2014-15
(Please see FSH 1460 C)

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Policy Sponsor: Liz Brandt, Chair Committee on Committees
(If different than originator.)

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Reviewed by General Counsel

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<th>Yes</th>
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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.

1. To ensure any SLEC member who has submitted an application for sabbatical recuses themselves from evaluating others for the same period.
2. To clarify where reports should be submitted upon return from sabbatical.

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

No impact anticipated

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. ____________

APM

F&A Appr.: _______

[Office Use Only]