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): Brandi Terwilliger 2-27-2014 – updated 4/18/16
(Please see FSH 1460 C)
Name Date
Telephone & Email: 885-3008 brandit@uidaho.edu

Policy Sponsor: (If different than originator.)
Name Date
Telephone & Email:

Reviewed by General Counsel _x_ Yes __No Name & Date: _Ellers/HR/FAC 4/18/16_____

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.
Updates were needed to comply with federal regulations for FMLA. Other changes were needed to create best practice, fairness, clarification and consistency.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
No negative fiscal impact on the University.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
Employee Leave Benefits 55.09/Shared Leave Appl./Donation 55.07

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]

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

Track # ____________
Date Rec.: ____________
Posted: t-sheet ________
        h/c ___________
        web ___________
Register: ______________
(Office Use Only)