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 - substitute

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): __Faculty Senate /Senate Leadership
(please see FSH 1460 C)

Telephone & Email: ____________________________________________

Policy Sponsor: (If different than originator.) __Ruth Funabiki, Faculty Affairs Chair 11/17/14
(please see FSH 1460 C)

Telephone & Email: __funabiki@uidaho.edu

Reviewed by General Counsel __X__Yes __No Name & Date: Kent Nelson 11/25/14__Rev. appr. 1/7/15__

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.

Motion to substitute original version of FS-15-031 approved at senate. The intent is to remove the face-to-face restriction from UI Employees only. The version that was approved inadvertently removed the restriction from all non-UI employees, those at other four year educational institutions in Idaho.

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: ____________________________________________

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

FSH
Appr. __________________
FC __________________
GFM _____________
Pres./Prov. ___________
[Office Use Only]

APM
F&A Appr. ________________
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