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

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>☐ Addition X Revision* ☐ Deletion* ☐ Emergency</th>
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<tbody>
<tr>
<td>Chapter &amp; Title: 3720 Sabbatical Leave</td>
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<td>Chapter &amp; Title: _______________________</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): Tara MacDonald 2/5/19 (and SLEC)

Policy Sponsor: (If different than originator.) Same

Reviewed by General Counsel: x Yes No Name & Date: Kim Rytter 2/8/19

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) minor edits to the policy to clarify language (specifically about timelines and eligibility)
2) taking the evaluation form out of the policy itself, so that we can make changes as a committee as needed
3) edit to the cover page to clarify that we need letters from both the dean and chair, but that they no longer need to sign the cover sheet.
4) title change plus add a sentence to clarify the effect a sabbatical has on disability benefits.

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. None

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. July 1

If not a minor amendment forward to: __________________________

Policy Coordinator
Appl. & Date: __________________________

[Office Use Only]

FSH
Appr. ___________
FC ___________
GFM ___________
Pres./Prov. ___________

[Office Use Only]

APM
F&A Appr.: ___________
[Office Use Only]

Track #: ___________
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   h/c ___________
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