AGENDA
UAF STAFF COUNCIL #260
Monday, April 6, 2015
8:45 - 11:00 AM
Wood Center - Carol Brown Ballroom

Audio Conference information: 1-800-893-8850, Participant PIN: 8244236

I. 8:45 - 8:50 CALL TO ORDER & ROLL CALL
   A. Call to Order
   B. Roll Call
   C. Approval of Agenda for Staff Council Meeting #260
   D. Approval of Minutes from Meeting #259
   E. Approval of Minutes for Meeting #258

II. 8:50 - 9:00 STATUS OF PENDING ACTIONS
    A. Leave Share Resolution Emergency Leave Policy

III. 9:00 - 9:05 PUBLIC COMMENT

IV. 9:05 - 9:20 OFFICERS REPORTS
    A. Chris Beks, President
    B. Faye Gallant, Vice President

V. 9:15 - 9:20 STAFF ACHIEVEMENTS AND HIGHLIGHTS

VI. 9:20 - 9:35 GUEST SPEAKERS
    A. Mark Oldmixon and Kaydee Miller, Department of Recreation, Adventure, and Wellness (D.R.A.W)

VII. 9:35 - 10:00 UNFINISHED BUSINESS
     A. Staff Council Officer Election - Nominations Open
     B. University Advocacy Committee - ‘Staff Mentoring Interest Survey’
     C. UA Staff Alliance’s Proposed ‘University of Alaska Core Values’ 2015
VII. **UNFINISHED BUSINESS (continued)**

D. Changes to UA Layoff Regulations
   i. Attachment 260-1: New UA Regulations R04.07.010 & R04.08.060.G.
   ii. Attachment 260-2: Response from Eric Seastedt, CHRO Regarding Layoff and Grievance Changes
   iii. Attachment 260-8:
        Draft Resolution 2015-260-1: Resolution to Oppose Emergency Changes to the UA System Layoff Policy

E. Mobile Device Security Policy & Proposed Regulation

F. Furlough Policy & Regulation
   i. Attachment 260-4: UA Furlough Regulation
   ii. Attachment 260-6: Staff Alliance Response to Furlough Regulation Changes

G. Committee Representatives
   i. ASUAF Food for Thought Committee - Representative needed
   ii. UAF Dining Committee - Representative needed
   iii. Staff Health Care Committee (SHCC) - Alternate Needed

VIII. **10:00 - 10:05 BREAK**

IX. **10:05 - 10:15 NEW BUSINESS**

A. UAF Safety Policy
   i. Attachment 260-3: UAF Safety Policy

B. UAF MOA / MOU Draft Policy
   i. Attachment 260-14: Draft Policy - For Review

X. **10:15 - 10:25 INTERNAL COMMITTEE REPORTS**

A. Elections - Richard Machida, Chair

B. Membership and Rules - Trish Winners, Chair

C. Rural Affairs - Chris Brooks, Chair
   i. Attachment 260-12: April Committee Report

D. Staff Affairs - Jeff Baxter, Chair
   i. Attachment 260-9: Staff Affairs Report

E. University Advocacy - Nate Bauer, Chair
XI. 10:25 - 10:35 GOVERNANCE REPORTS
   A. Mathew Carrick, President, ASUAF
   B. Debu Misra, President Elect - Faculty Senate

XII. 10:35 - 10:50 CHANCELLOR’S REMARKS

XIII. 10:50-10:55 INTERNAL AD HOC COMMITTEE REPORTS
   A. Chancellor’s Cornerstone Award UA Staff Make Students Count Award Ad Hoc - Jane Groseclose, Chair
      i. Attachment 260-5: April Committee Report

XIV. EXTERNAL STATEWIDE COMMITTEE REPORTS (written only)
   A. Staff Alliance- Staff Health Care Committee - Lesli Walls; Kim Eames; David Bantz (Alt); Susan Sanborn (Alt)
      i. Attachment 260-15: Draft FY16 Benefit Rates
   B. Staff Alliance Compensation Working Group - Faye Gallant, Chair; Brad Krick, Janine Smith, Mike Cox
      i. Attachment 260-13: April Committee Report

XV. EXTERNAL UAF COMMITTEE REPORTS (written only)
   A. Accreditation Steering Committee - On Hiatus
   B. Chancellor’s Advisory Committee for the Naming of Campus Facilities - Jesse Atencio
   C. Chancellor’s Diversity Action Committee (CDAC) - On Hiatus
   D. Chancellor’s Planning and Budget Committee - Chris Bek, Rep; Juella Sparks, Alt
      i. Has not met
   E. Dining Committee
      i. Representative Needed
   F. Food for Thought Committee
      i. Representative Needed
   G. Fresh Air Campus Challenge Committee - Brad Krick, Rep; Sue Miller, Alt
      i. Attachment 260-11: April Committee Report
      ii. Attachment 260-7: UAF Tobacco Free Campus FAQ
   H. Master Planning Committee (MPC) - Richard Machida, Rep; Brad Krick, Alt
      i. Attachment 260-10: March Committee Report
   I. Meritorious Service Award Committee - Faye Gallant


XVI. EXTERNAL UAF COMMITTEE REPORTS (continued) (written only)
   J. Parking Advisory Committee (PAC)
   K. People’s Endowment Committee - Jessica MacCallum
   L. Research Program Review Task Force - Richard Machida & Marie Thoms
   M. RISE Board - Ian Olson
   N. Staff Appreciation Day Planning Group - Ashley Munro & Maria Russell
   O. Sustainability Master Planning Committee, Richard Machida

XVI. AD HOC COMMITTEE REPORTS (written only)
   A. Training & Employee Development Working Group Update - Jessica MacCallum

XVII. 10:55 - 11:00 ROUND TABLE DISCUSSION

XVIII. 11:00 ADJOURN
Emergency Revisions to R04.07.110
Layoff, Recall and Release
And
R04.08.060.G.

The revisions apply to notices of layoff issued after the date of promulgation, except that the notice period in R04.07.110.D.2 for exempt staff employed as of the date of promulgation will be six months after the date of promulgation, or three months after notice of layoff, whichever is later.

R04.07.110. Layoff, Recall, and Release

The University may elect to discontinue an existing employment relationship through layoff. Layoff does not reflect discredit on the employee’s performance. The provisions of this section do not apply to terminations of employment pursuant to other provisions of Regents’ Policy or University Regulation.

A. Definitions

1. “Administrative unit” means any identifiable component of the university at any level of organization that has an annual budget for the operation of such component.

2. “Authorized administrator” means a senior administrator or officer as defined in university policy with responsibility for the affected administrative unit.

3. “Potential layoff employee” means an employee who has been selected for layoff from employment by the authorized administrator and the regional human resources director in accordance with subsection C.2.

4. “Notified layoff employee” means an employee who has been given notice of layoff from university employment in accordance with subsection H. and has not accepted an alternative to layoff.

5. “Employee in layoff status” means an individual who has received notice of layoff from employment, has not accepted an alternative to layoff, and is within one year of the effective date of layoff. The effective date of the layoff is the last day the employee is actually at work.

B. Reasons for Layoff

Layoff may be used when there exists within the employing administrative unit either:

1. a lack of or reduction in available work;

2. a lack of sufficient available funds, either current or anticipated;

3. a good faith reorganization; or
4. another reason, not reflecting discredit upon the affected employee(s), which has been approved in the particular circumstances by the chancellor or president of the university, as appropriate; or

5. Any combination of the preceding reasons.

Administrators and their designees will coordinate all layoff actions through the regional human resources office prior to selection or notification of any employees.

C. Selection for Layoffs

1. The selection of the individual employees to be laid off will take into consideration the following factors in comparison to other affected employees in the administrative unit:

   a. employee length of service;

   b. employee ability to do the work remaining in the administrative unit affected by the layoff;

   c. employee status as temporary, probationary or regular, with preference being given to the regular over the others, and preference being given to probationary over temporary;

   d. previously documented employee performance;

   e. source and specific nature of funding;

   f. affirmative action goals and objectives.

2. After consideration of input from leadership of the affected administrative unit, the determination of the order for layoff will be made jointly by the authorized administrator and the regional human resources director, subject to final review by the chancellor or president of the university, as appropriate.

D. Notice Period

1. Nonexempt Employees

   a. Notice of the layoff of an employee will be given four calendar weeks prior to the effective date of the layoff.

   b. Four weeks’ pay may be given to the employee in lieu of four weeks’ notice, but only with the prior approval of the appropriate chancellor or president of the university.
2. Exempt Nonfaculty Employees
   
a. Notice of the layoff of an employee will be given three calendar months prior to the effective date of the layoff.
   
b. Three months’ pay may be given to the employee in lieu of three months’ notice, but only with the prior approval of the appropriate chancellor or president of the university.
   
3. In the event pay in lieu of notice is approved, the effective date of the layoff is the last day the employee is actually at work.

E. Alternatives to Layoff

1. Potential layoff employees shall be considered for vacant positions within their administrative unit for which they are qualified. The appropriate human resources officer will notify potential layoff employees of any such vacant positions.

2. A potential or notified layoff employee may be offered a reduced or modified appointment, including a change to “term” status, as an alternative to layoff.

3. In accordance with R04.03.035.A, a potential or notified layoff employee may be transferred, contingent upon qualifications and the ability to perform the work available, to other positions in the same or another administrative unit within the same university, to be determined in the following order of priority:
   
a. To a vacancy in the same classification in the same pay grade.
   
b. To a vacancy in another classification in the same pay grade.
   
c. To a vacancy in a classification assigned to a lower pay grade.

4. The regional human resources office will endeavor to assist notified layoff employees and employees in layoff status to find suitable employment within the university system.

5. The salary of any employee accepting an alternative to layoff as provided by this subsection will be governed by existing policy and regulation concerning position movement. However, the salary of an employee shall not be reduced during the layoff notice period unless the employee accepts a reduced appointment.

F. Conditions Governing Benefits and Privileges While in Layoff Status

Layoff status expires one year after the effective date of layoff. An employee in layoff status:

1. remains covered by the University health plan through the remainder of the
calendar month in which the layoff becomes effective. The employee will be provided notice of his/her opportunity to continue health coverage as required by law. Other benefits, including life insurance, long-term disability, and optional survivor benefits, will cease on the effective date of the layoff;

2. may apply for conversion of life insurance and/or long-term disability insurance during the first 31 days following the effective date of the layoff;

3. if participating in the tuition waiver program, may complete those courses in which he/she is enrolled at the time of layoff, and is eligible for additional tuition waiver of up to 15 credits in any semester, to be used on any university campus, for a period not to exceed one year from the effective date of layoff. The total credits available will not exceed 30;

4. will not contribute to the retirement system or ORP and will not accrue retirement service credit;

5. will not accrue annual or sick leave;

6. will receive compensation for any accrued annual leave as of the effective date of layoff, up to a maximum of 240 hours;

7. will not receive holiday pay;

8. may not claim sick leave;

9. is eligible to be considered as an internal applicant for any other university position, if qualified, but will receive no other special consideration;

10. will receive only those benefits provided in this sub-section.

G. Recall

In the event that the reason for the layoff of a regular employee abates within one year of the date of layoff, and the university decides to recall an affected employee to fill the same position within an administrative unit, the following procedures will control:

1. Recall will apply only to a job within the administrative unit from which the employee was laid off.

2. The order of recall within an administrative unit for affected employees having the same job class and pay will be the reverse order of the layoff within the administrative unit.

3. If all employees within the administrative unit and with the same job class and pay decline to return, all applicable recruitment procedures will be observed in filling the vacancy.
4. A recalled employee will return to the same pay, placement, and leave accrual rate as applied to the employee prior to layoff. Sick leave will be reinstated to the same balance the employee had accrued prior to layoff.

H. Notification of Layoff and Recall

Employees selected for layoff or recall will be notified in writing. The notice will state the basis for the action, specify the procedures followed and refer the employee to the regional human resources office for assistance. Notification of layoff will be accompanied by a written explanation of the reasons for layoff and consideration of the selection factors.

Notice of layoff or recall will be considered given when sent by certified mail to the last known mailing address of the employee or when actually received by the employee, whichever is earlier.

Recall rights expire and the recalled employee will have no further benefits under this section if the employee’s written acceptance of the position is not received by the regional human resources office within 15 calendar days of the date notice was given.

I. Review of Layoff or Recall Decision

Any employee who disputes a layoff or recall decision may request review as set forth below.

1. To be valid, a written request for review must be filed with the chief human resources officer within 10 working days of the date notice of layoff or recall was given in accordance with sub-section H. above. The employee will submit a statement of all reasons for questioning the validity of or motivation for the layoff or recall decision, and such supporting evidence as the employee deems appropriate.

2. The scope of the review will be limited to whether the employee can establish that:

   a. the procedures provided by the layoff, recall and release policy and this regulation have not been followed in deciding to layoff or not recall the employee;

   b. the decision to layoff or not to recall the employee was based on a reason prohibited by law; or

   c. the layoff of the employee or a decision not to recall the employee was not authorized under this regulation. Budget reallocations within or between any administrative units of the university are not within the scope of review.

3. The chief human resources officer or designee, or in appropriate cases a substitute, (hereafter referred to as reviewer) may decide the issues raised on the basis of the materials submitted by the employee and the administrator. The reviewer is never obligated to provide for a different procedure, but may elect to do so with respect
to some or all of the issues raised, by creating a new procedure, or by adopting or by modifying an existing procedure.

4. In the event that the matter is not decided on the basis of the materials submitted, the reviewer will inform the employee and administrator in writing of the procedure to be followed.

5. The reviewer will make his/her recommendation on the matter within five working days of the conclusion of the review. The reviewer will make his/her recommendation to the chancellor, or, in the case of Statewide Administration employees, to the chief human resources officer. The chancellor, chief human resources officer, or designee, will render a decision within five working days.

6. Except in the case of a written agreement between the parties, the time limits provided hereunder will be extended only for compelling reasons as determined by the chancellor, the chief human resources officer, or designee, as appropriate.

An employee's failure to receive a final decision in a review proceeding will not delay the effective date of any planned layoff or recall.

R04.08.060 Definitions

G. Grievance

A "grievance" is an allegation or complaint related to employment by an employee or a group of employees of the university that there has been a specific violation of a Regents' Policy or a University Regulation, or a clear abuse of discretion arising from the application or administration of such policy or regulation, which directly and adversely affects the employee or group of employees.

1. The following are excluded from the definition of a grievance and can not be processed under this Chapter:
a. complaints or disputes other than those defined above as grievances;

b. complaints or disputes which do not arise out of the employment relationship between the grievant or grievants and the university;

c. actions of the Board of Regents;

d. complaints or disputes relating to a failure to appoint an employee to a position within the university;

e. complaints or disputes related to the application or administration of a process that is subject to superior court appellate review. Such complaints or disputes will be resolved as part of such process.

2. The following are governed by alternate processes and can not be processed under this chapter:

a. allegations or findings that an employee of the university has engaged in unlawful discrimination or sexual harassment (see Regents' Policy and University Regulation 04.02.020);

b. complaints and disputes related to faculty promotion, renewal and/or tenure (see Regents' Policy and University Regulation 04.04.050);

c. complaints or disputes which may be grieved under a collective bargaining agreement;

d. complaints and disputes related to job classification (see Regents' Policy and University Regulation 04.05.030);

e. Student allegations and complaints (see Regents' Policy and University Regulation 09.03.02);

f. Complaints and disputes related to dismissal of at-will employees (see Regents’ Policy and University Regulation 04.01.050 and 04.07.020);

g. complaints or disputes related to layoff (see Regents' Policy and University Regulation 04.07.110).

The following are covered by this chapter with modification to one or more of the provisions herein:

a. complaints or disputes related to financial exigency (see Regents' Policy 04.09.060 and 04.09.070);

b. complaints or disputes related to reasonable accommodation for people with disabilities (see Regents' Policy and University Regulation 04.02.030);
c. complaints or disputes related to "for cause" actions (see Regents' Policy and University Regulation 04.07.060 and 04.08.080).

Subject to a contrary agreement of the parties, grievances of an employee which are being processed when a notice is issued to an employee of intent to terminate will be consolidated with and considered and decided as part of the pretermination proceeding. The record of such proceeding will be part of the pretermination hearing.

In accordance with Regents Policy 01.03.020.A, I approve and cause to be promulgated the foregoing as emergency regulations. These revisions are effective immediately. I further direct that the Board be notified of this action at its next regularly scheduled meeting.

[Signature]
Patrick K. Gamble, President

[Date]

cc: Brandi Berg, Board of regents Executive Officer
    Chancellors
    Chief Human Resources Officer Erik Seastedt
    General Counsel
TO:        Monique Musick, Chair, Staff Alliance

FROM:    Erik Seastedt, Chief Human Resource Officer

DATE:    March 2, 2015

RE:    Proposed Emergency Revisions to R04.07.110 Layoff, Recall and Release; & R04.08.060.G

This is in response to your February 17, 2015 memo regarding the proposed revisions to R04.07.110 and R04.08.060.G. I appreciate the thorough review and professional response by Staff Alliance especially in light of the expedited timeline. Following is a brief summary of the changes that were made based on Staff Alliance’s input and an explanation of the reasons that some of the other suggestions were not incorporated. The subsection references are to the revised version of the re-draft which is attached.

The Definitions, which are now in subsection A, now include a definition of “authorized administrator” as requested.

In subsection B, Reasons for Layoff, the reasons are not limited to a lack of “budgeted” funds because that limitation would unnecessarily delay the university’s ability to respond in situations such as the present, when projected declines in state revenue and, for example, UA’s FY17 budget, are certain.

In subsection C, Selection for Layoffs, length of service is one of several factors considered in selecting individual employees for layoff. It does not create a seniority system. Since selection for layoff is not based on seniority, the regulation leaves open the possibility that either an employee with longer service in the unit, or an employee with longer overall university service, could be selected for layoff, depending on the other factors listed.

The reference to “previously documented” employee performance was added to the re-draft of subsection C.1 because as a practical matter, undocumented performance, whether good or bad, is difficult to rely on when distinguishing between two or more similarly qualified employees.

In response to Staff Alliance’s comments on subsection C.2, language has been added to clarify that affected department leadership will continue to have input into the selection for layoffs.
Regarding subsection D, Notice Period, we appreciate Staff Alliance’s understanding of the fiscal situation currently facing the university. We intend to reduce all notice periods for exempt and at-will employees from six months to three months. With respect to D.3., no change was made. That section establishes the last day the employee is actually at work as the effective date of layoff in the event that the University provides pay in lieu of notice. Changing the effective date of layoff in the event of pay in-lieu of notice to be the last day of administrative leave does not enhance a department’s flexibility to ensure coverage. Providing pay in lieu of notice is already discretionary and thus allows department flexibility. However, if the University elects pay-in-lieu, employment terminates immediately.

In the redraft, subsection E, Alternatives to Layoff, was revised to more completely describe the available alternatives to layoff. E.2. now reads, “A potential or notified layoff employee may be offered a reduced or modified appointment, including a change to “term” status, as an alternative to layoff. As with all alternatives to layoff, E.2. first requires that a layoff, that would terminate employment completely, be authorized under the circumstances. The employee may then be offered a choice to accept the layoff or the proposed modified appointment. In uncertain times, the judicious use of term appointments as an alternative to layoffs may reduce the need for broader layoffs. In addition, when positions are funded by restricted funds, such as auxiliary funds, grants or other outside contracts, it is necessary that employees be appointed for the specified duration of the project, grant or contract. Although oftentimes such funding is renewed and employees receive another contract, term appointments reflect that restricted funding is subject to being modified or discontinued.

Subsection E.3 describes the circumstances in which employees may be direct-appointed to another position as an alternative to layoff. It does not restrict an employee’s ability to compete with other internal candidates for a position at a higher pay grade or at another university within the system.

As requested by Staff Alliance, the maximum tuition credits in subsection F.3 are increased to 15 per semester and 30 per academic year.

The recall provisions were not changed in the redraft. Since the recall order applies to employees within the same unit from which the employee was laid off, as well as the same job class and pay, departments can choose which positions are most critical to recall, but in effect the same criteria used to lay off employees from a specific job class are used for recall.

Staff Alliance also requested that employees have access to information on which layoff decisions are based. A new sentence has been added to the first paragraph of subsection H to require that employees receive a written explanation of the reasons for layoff and consideration of the selection factors.

In response to concerns expressed by Staff Alliance, the proposed review process in Subsection I has been changed so that requests for review will be submitted to the Chief Human Resources Officer who
may assign an appropriate reviewer. Depending on the issues raised, the reviewer may decide the issues on the materials submitted, may choose to schedule a meeting with both the employee and the unit’s representative, or may provide for a different procedure. A layoff, unlike a termination for cause, is not a decision that is directed at an individual employee. Thus the purpose of review in the context of a layoff is not to require the university to demonstrate that it has cause to terminate employment; it is primarily to protect employees and the university from those unusual situations in which the selection criteria for layoff is applied improperly, e.g., based on illegal motivations. The vast majority of layoffs in a widespread downsizing effort are not likely to raise such issues. The re-drafted regulation provides a better fit between the rights at stake and the process provided. It permits a simpler review in cases that require only a simple review, and allows for a grievance-like process in those infrequent cases where there is an issue of illegal motivation. In those cases, the Chief Human Resources Officer would refer the matter to a hearing before a different hearing officer. Thus the re-draft does not eliminate due process rights, it provides for due process procedures when the request for review raises issues that require them, and does not require those elaborate procedures when the request does not. In doing so it better fits the process to the issue.
HEALTH AND SAFETY POLICY

The UAF core safety values are:
- Safety is the responsibility of everyone.
- UAF employees, students, and volunteers give priority to personal safety and the safety of others.
- UAF employees, students, and volunteers are vigilant in identifying, correcting, and reporting health or safety hazards.
- Completing required safety training is essential.
- UAF employees believe that work-related injuries and illnesses are preventable.

POLICY STATEMENT

The University of Alaska Fairbanks (UAF) hereby establishes a comprehensive safety policy in order to protect life and health by creating a safe working and learning environment. This policy specifies responsibilities for safety and environmental health, regulations and procedures and provides basic guidelines for safe practices, activities, programs and training. The policy applies to all UAF employees, students, volunteers, and contractors at all UAF campuses and sites utilized by UAF. Environmental Health and Safety and Risk Management (ESHRM) staff have full institutional support and authority to develop and execute comprehensive health and safety programs for UAF.

BACKGROUND & JUSTIFICATION

The U.S. Occupational Safety and Health Administration (OSHA) encourages all employers to adopt an Injury and Illness Prevention Program (https://www.osha.gov/as/opa/worker/employer-responsibility.html). Most successful Injury and Illness Prevention Programs are based on a common set of key elements. These include: management leadership, worker participation, hazard identification, hazard prevention and control, education and training, and program evaluation and improvement. UAF's Health and Safety Policy establishes management and worker responsibilities and training requirements and is a component of UAF's Injury and Illness Prevention Program.

DEFINITIONS

UAF Health and Safety Policy
Basic Safety Training Requirements are the group of required trainings established by EHSRM and posted as such at the EHSRM website (http://www.uaf.edu/safety/training/).

Contractor is an individual or business that conducts work in as specified in a contract with UAF, or in a contract with the UA system, if that work is being conducted at UAF owned or leased facilities or property.

Employee is anyone who is employed by the University of Alaska.

Environmental Health and Safety and Risk Management (EHSRM) is the UAF office that provides technical environmental health, regulatory and related safety, and operational risk management services to the colleges and departments of the University of Alaska Fairbanks (UAF).

Hazard communications programs are a common and coherent approach to classifying chemicals and communicating hazard information on labels and safety data sheets.

Job Hazard Analysis (JHA) is the breakdown of a job into its component steps and then the evaluation of each step to identify hazards. Each hazard is then corrected or a method of worker protection is identified. Additional requirements for worker training, certification, authorization, etc., may also be identified.

Student is an individual enrolled in at least one UAF credit or non-credit course.

Visitor is an individual who is in a UAF facility or on UAF property, but is not a university student, employee, contractor or contractor employee, or volunteer.

Volunteer, as defined by Federal law under the federal Fair Labor Standards Act, (FLSA), is an individual that provides services, in this case services to the University, without any expectation of compensation, and without any coercion or intimidation.

RESPONSIBILITIES & PROCEDURES

1. UAF and its organizational units have the following responsibilities in fulfilling the institution’s commitment to the health and safety of employees, students, volunteers, and visitors:

   1.1 UAF activities shall be conducted in accordance with applicable health and safety laws, regulations, and codes, such as those established by the State of Alaska, National Fire Protection Association (NFPA), American National Standards Institute (ANSI), Occupational Health and Safety Administration (OSHA), Environmental Protection Agency (EPA), US Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), and other similar agencies that govern the design, construction, operation, use and maintenance of UAF facilities and the conduct of University activities in locations both within and outside of university facilities.

UAF Health and Safety Policy
1.2 UAF will provide information, training, and safeguards to employees, students, volunteers, and contractors regarding health and safety hazards. In addition, UAF will provide to the surrounding community information regarding environmental health hazards arising from operations and activities at the University as required by applicable regulations.

1.3 UAF will install and maintain facilities and equipment in accordance with recognized and accepted standards essential to reduce or prevent exposure to hazards of employees, students, volunteers, contractors and visitors.

1.4 UAF will provide appropriate personal protective equipment to all employees at University expense when engineering or administrative controls are not adequate to minimize exposure.

1.5 UAF will provide medical services as required by law and as may be dictated by existing circumstances or programs.

1.6 UAF Environmental, Health, Safety and Risk Management (EHSRM) will develop and execute comprehensive health and safety programs for the university. These programs will comply with all federal, state, and borough laws, codes, acts, regulations and standards relating to health and safety.

1.7 EHSRM will work closely with departments, safety committees, employees, students, and volunteers to promote compliance with this policy throughout the University.

1.8 Employees are afforded rights under OSHA's Whistleblower's Protection Program (http://www.whistleblowers.gov/). These rights include, but are not limited to, filing an OSHA complaint, participating in an inspection or talking to an inspector, seeking access to employer exposure and injury records, and raising a safety or health complaint. UAF will not tolerate adverse treatment of any employee exercising these rights. If an employee feels they have been retaliated or discriminated against for exercising these rights, they are encouraged to first seek consultation with EHSRM.

2. All University employees, students, and volunteers have the following responsibilities:

2.1 Observing and following health and safety regulations, policies, and procedures

2.2 Comply with applicable local, state, and federal laws and regulations. Including Alaska Statute 28.35.161 Use of electronic devices while driving; unlawful installation of television, monitor, or similar device, which covers texting, communicating on a computer, or while a screen device is operating while driving http://www.uaa.edu/police/alaskas-seatbelt-and-text/

2.3 Completing mandatory health and safety training

2.4 Promptly reporting to their supervisors or instructors all safety and health hazards or violations and on-site incidents, injuries, and environmental illnesses

2.5 Giving due consideration to personal safety and the safety of others while performing assigned tasks

3. All UAF employees have the following responsibilities:

3.1 Comply with this policy and all other University health and safety programs.

UAF Health and Safety Policy
3.2 Know that all necessary warnings and precautionary measures are not contained in this document and that additional information and safety measures may be required in particular circumstances.

3.3 Complete and comply with:

- Basic Safety Training Requirements as determined by EHSRM [http://www.uaf.edu/safety/]
- Department Emergency Action Plan (DEAP) training (department specific; trained by supervisor or designee)
- Supervisor Safety Training, if the individual is a supervisor
- Driver Training (for those who drive UAF vehicles, personal vehicles on University business, or leased/rental cars on University business)
- Title IX Training
- Substance Abuse Policy
- Protection of Minors Policy
- All institution, department or unit, and protocol specific safety training
- All grant specific required safety training
- All state and federal required safety training

3.4 Inform a supervisor or instructor of any safety or health hazards in the workplace, University campuses, or University locations away from campuses such as research facilities, field sites, and leased spaces. Unsafe conditions, such as excessive noise, dust, odors, etc., presenting acute adverse health effects, should be reported promptly to EHSRM using the UAF Unsafe Condition Report found at [http://www.uaf.edu/safety/].

3.5 Report to EHSRM any accident resulting in an in-patient hospitalization (admitted overnight), unconsciousness or death. The report must be made immediately but in no event later than four hours after receipt of information that the accident has occurred. Failure to report can result in fines to the department. All other work-related accidents/incidents must be reported to EHSRM within the guidelines posted at [www.uaf.edu/safety]. To report an accident or incident:

- EHSRM Office: 907-474-5413 during normal work hours
- UAF Emergency Dispatch Center: 907-474-7721 after hours, holidays and weekends

3.6 Contact EHSRM immediately when workplace injuries or illness require transport for medical treatment.

3.7 Report injuries of students or volunteers who are engaged in work that benefits the University. [http://www.uaf.edu/safety/]

3.8 Comply with all vehicle rules and regulations. Report all vehicle accidents immediately. The driver is responsible for completing the appropriate vehicle incident report. [http://www.uaf.edu/safety/]
3.9 Comply with rules for the use of flammable materials, microwaves, refrigerators, small appliances, heaters, and other fire hazards in the workplace: 
www.uaf.edu/fire/prevention/Fire-Safety-Guidelines-for-UAF-3.doc

3.10 Properly manage hazardous material storage in accordance with University, state and federal requirements.

The following individuals or offices have responsibilities in addition to those applying to all employees, as listed in section 3.1 through 3.11:

3.11 UAF Chancellor

3.11.1 Establish, oversee, and authorize health and safety programs and a system for assessing safety performance for the University.

3.12 Vice Chancellors, Associate Vice Chancellors, Deans, and Directors, in all locations under their control

3.12.1 Reinforce the importance of health and safety and create a culture of health and safety in their unit(s).

3.12.2 Implement the Health and Safety Policy and communicate its requirements for employees, students, and volunteers.

3.12.3 Under the guidance of EHSRM, designate and empower safety coordinators for departments, units, or sections to promote compliance with the Health and Safety Policy and program requirements. They will ensure that individuals under their supervision have sufficient authority and support to properly implement health and safety regulations, policies, and procedures.

3.12.4 Provide oversight of facilities, equipment, and practices to support a safe working and learning environment.

3.12.5 Direct individuals, including, but not limited to, principal investigators, supervisors, regular, part-time and temporary employees, visiting professors, and students, to obtain any required safety training before working with hazardous chemicals, biohazardous agents, radiation or radioactive materials, or physical/mechanical hazards in their working or learning environments.

3.12.6 Conduct a review and investigation of all work related illnesses, incidents, and work related injuries as needed to identify if there are workplace hazards that need to be corrected.

3.12.7 Determine whether safety needs for unit/departments are met (e.g., training, personal protective equipment, and corrective measures including non-mandated items identified in safety audits).

3.12.8 Incorporate workplace safety requirements and responsibilities into the position description and responsibility review. Workplace expectations should be communicated to each employee annually and at the time of hire.

3.12.9 Communicate emergency action plans to all personnel to provide familiarity and coordination between facility personnel and emergency responders.

3.12.10 Commit resources for correction of health and safety deficiencies.
3.13 Faculty, Principal Investigators, Department Chairs/Heads and Supervisors

3.13.1 Provide guidance in the implementation of the University's Health and Safety policy and all other University Safety Programs in work areas under their supervision and control, including classrooms and class laboratories for instructional faculty.

3.13.2 Provide an onboarding process to new employees, students, and volunteers prior to hazardous exposure that encompasses the provisions of this section as well as a review of any safety or emergency equipment they may be tasked to use, review of applicable job hazards analysis or procedures, required training deadlines, and a review of any other hazardous processes in which they may be involved.

3.13.3 Ensure Hazard Communications programs for each area are prepared and updated, and that all employees are informed of hazards associated with their duties.

3.13.4 Direct employees, students, and volunteers under their supervision to complete and comply with:
   - Basic Safety Training as required by EHSRM
   - Emergency Action Plan (EAP) training which is completed by the supervisor, PI, or other designated departmental person
   - Supervisor Safety Training, if the individual is a supervisor.
   - Driver Training (for those who drive UAF vehicles, personal vehicles on University business, or leased/rental cars on University business)
   - Substance Abuse Policy familiarization
   - Protection of Minors Policy
   - All institutional department and protocol specific safety training
   - All grant specific required safety training
   - All state and federal required safety training

3.13.5 Maintain workplaces and equipment under their control in a safe, well-kept condition.

3.13.6 Evaluate workplace hazards within their departments using the Job Hazard Analysis (JHA) process to identify workplace hazards and recommend appropriate engineering or administrative controls, or personal protective equipment to protect against any identified hazards. EHSRM provides training and consultation on developing JHAs.

3.13.7 Conduct a review and investigation of all work related illnesses, incidents, and work related injuries as needed to identify if there are workplace hazards that need to be corrected.

3.13.8 Ensure that employees, volunteers and students properly manage hazardous material storage in accordance with University, state and federal requirements.

3.14 Environmental, Health, Safety, and Risk Management (EHSRM)
3.14.1 Advise the University community of its responsibilities regarding the Health and Safety Policy.

3.14.2 Provide guidelines to assist and help the University ensure compliance as it relates to relevant environmental, health, and safety laws, regulations, policies, and guidelines.

3.14.3 Recommend programs and actions for compliance.

3.14.4 Consult with regulators and other external entities on behalf of the University.

3.14.5 Provide guidance and assistance in identifying, evaluating and correcting safety and health hazards.

3.14.6 Conduct investigations and analyses of occupational incidents, injuries and illnesses.

3.14.7 Identify noncompliant situations and recommend improvements to those who are responsible for departments, laboratories, units and work areas.

3.14.8 Provide guidance for proper management of hazardous materials.

3.14.9 Execute responsibilities involving inspections and enforcement delegated by the SCCC or additional University safety committees established by the SCCC or the Chancellor.

3.14.10 In cases of imminent danger to life or health, order cessation of hazardous activity until the danger from such a condition is abated or adequate measures have been taken.

3.14.11 Review contractor safety plans for completeness and provide applicable feedback to project/contract managers.

3.15 University Police Department

3.15.1 Police services

3.15.2 Security

3.16 University Fire Department

3.16.1 Providing responses to fires and operations level hazardous materials incidents and other life-threatening emergencies on the Fairbanks campus.

3.16.2 Providing emergency medical services.

3.16.3 Complete annual testing of fire hydrants on the Fairbanks Campus.

3.16.4 Manage and implement the AED program

3.16.5 The Fire Chief is the UAF Emergency Management Coordinator. For questions regarding emergency preparedness at UAF contact http://www.uaf.edu/fire/

3.17 Facilities Services

3.17.1 Maintaining and inspecting fire suppression systems, alarms, and extinguishers in campus buildings.

3.18 SCCC (Safety and Compliance Coordinating Committee)
The SCCC oversees University compliance with the Health and Safety Program and is responsible for making recommendations to the Chancellor that further university efforts to provide a safe and compliant workplace. The SCCC also serves as a forum to establish priorities, communicate, and coordinate safety and compliance related issues associated with current and future programs and projects. The core purpose of the committee is to ensure UAF is a safe, healthy and thriving place to learn, live, work and play.

3.19 Oversight Committees

3.19.1 Institutional Animal Use and Care Committee (IACUC) provides oversight for all uses of vertebrate animals at UAF and plays an integral role in ensuring the health and safety of employees, students, and volunteers, and visitors accessing the UAF animal facilities.

3.19.2 Biosafety Committee provides oversight and guidance for all campus needs related to research and teaching involving the use of recombinant nucleic acids, artificial gene transfer, infectious agents, and biologically derived toxins.

3.19.3 The Institutional Review Board (IRB) reviews all research projects under the auspices of UAF that involve human subjects to ensure compliance with federal regulations and assure protection of human participants in research.

3.20 Contractors

3.20.1 Architects, engineers, general contractors and subcontractors under contract with UAF will comply with the UAF Design Standards that include safety requirements: [http://www.uaf.edu/fs/resource-information/design-standards/](http://www.uaf.edu/fs/resource-information/design-standards/).

3.20.2 Contractors will comply with all applicable health and safety laws and regulations. Serious or willful non-compliance may be grounds for termination of the contract. While on campus, contractors will comply with this policy.

3.20.3 Contractors will provide Safety Plans to EHSRM for review and comment prior to start of work.

3.20.4 Contractors will maintain and make readily available a Material Safety Data Sheet or Safety Data Sheet for each hazardous material used on site.

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### NON-COMPLIANCE

1. University employees are subject to disciplinary action, up to and including termination, if they disregard or fail to comply with established health and safety policies and procedures.

2. Non-compliance with OSHA and other regulatory agency requirements may result in citations and penalties/finances. Departments may be charged for the fine or a portion of the fine based on their participation in the notice of violation.

3. Students who disregard or fail to comply with established health and safety policies and procedures are subject to review under the Student Honor Code, and if circumstances warrant they are subject to termination of enrollment or other necessary measures to protect their safety and the safety of others.

_UAF Health and Safety Policy_
There are no exceptions to this policy.

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**EXCEPTIONS**

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Association with the university, volunteers or other non-university employees may be restricted from participating in activities in

4.
REFERENCES

NMSU Environmental Health and Safety Policy
safety.nmsu.edu/policies/policy_university_eh&s.htm

Health & Safety Policy #166 - North Dakota State University
www.ndsu.edu/fileadmin/policy/166.pdf

Occupational Safety and Health Administration
https://www.osha.gov/

PO, Executive Order No. 55, University Health and Safety Programs
www.washington.edu › Policy Directory › PO Home › Executive Orders

POLICY APPROVED BY:

[Signature]
Brian D. Rogers, Chancellor
University of Alaska Fairbanks

[Date]
TO: Patrick K. Gamble, President
FROM: R. Erik Seastedt, Chief Human Resources Officer
DATE: January 30, 2015
RE: Proposed adoption and addition to University Regulations

Attached for your review and approval is a new university regulation explaining the authorization and use of furloughs based on policy P04.07.115, Employee Furlough of the Board of Regents.

In accordance with Regents' Policy 01.03.020 B., I have sought review and comment by the chancellors and affected governance groups, including the system governance council on your behalf. Discussions have been ongoing since a draft furlough policy was sent to all employees on June 2, 2014. More formal discussions began with the creation of a systemwide staff committee which began meeting on September 25, 2014 to create draft regulations in anticipation of the Board’s approval of a furlough policy, which occurred on December 11, 2014. The final comment period opened December 4, 2014 and closed January 28, 2015. Responses have been provided to you.

I recommend your approval. If you concur, please indicate by signing below. The new regulation would be effective upon your signature and incorporation in the Manual of Regulations. Thus your approval should be transmitted to Brandi Berg, Board of Regents Executive Officer, for incorporation in the manual and distribution.

Attachments

I approve and cause to be promulgated the attached adoption of University Regulation R04.07.115, Employee Furlough. This regulation is effective immediately.

Patrick K. Gamble, President

Date: 3 Feb 15

cc: Brandi Berg, Board of Regents Executive Officer
Chancellors
General Counsel
Final language, submitted for president approval 1/30/15:

R04.07.115 Employee Furlough

To address budgetary shortfalls in any unit of the university, employees may be subject to furlough via temporary unpaid leaves of absence or via prospective, temporary reductions in pay and equivalent work hours. Prior to implementation of a furlough plan, other reductions and cost savings, as well as revenue generation, will be considered and implemented as appropriate.

A. Definitions:
   1. Furlough: Temporary unpaid leave for a designated period of time, or a prospective, temporary reduction in pay, imposed to meet a budgetary shortfall.
   2. Budgetary shortfall: A status of financial health in which projected or actual expenditures are anticipated to exceed revenue.

Employees may request a reduced contract in lieu of furlough. Requests are subject to approval by the employees' dean/director and the regional human resources office.

B. A furlough plan may include, but not be limited to, any of the following at the discretion of the university:
   1. A specified number of days each pay period, month or year may be designated as furlough days, with no business being conducted on those days.
   2. Salaries of exempt employees may be reduced by a specified percentage.
   3. Non-exempt employees may have reduced-hour work weeks (for example, work week reduced from 40 hours to 37.5 hours) or reduced contracts (for example, work schedule reduced to less than 10 days per pay period and/or less than 12 months per year).
   4. A different number or percentage of furlough days for employees in different pay grades or classifications.

Reduction of pay will include reduction of expected effort.

C. All university employees (full or part-time, regular, term or temporary) may be subject to furlough, except:
   1. Employees who hold H-1B visas, as defined in 20 CFR 655.731;
2. Graduate/teaching/research assistants, postdoctoral fellows/trainees who do not pay FICA, and other student employees;
3. Employees on military leave with pay;
4. Employees who perform functions essential to maintain health and safety, as determined by the chancellor or president; and
5. Employees whose compensation is derived 100% from restricted funds.

D. Employee benefits during a furlough will be affected as follows:
1. Accrual of annual and sick leave will be reduced by a furlough.
2. Holiday pay for benefit-eligible employees will not be reduced for a holiday immediately before or after a furlough day.
3. Health care and life insurance benefits will not be reduced by a furlough.
4. Pay deductions authorized by an employee during a furlough will not be reduced. The employee remains responsible for making all employee contributions during a furlough period, including health coverage.
5. Retirement contributions by both the employee and the University will be reduced by a furlough. Service credit may also be reduced.

E. A furlough plan for unit(s) affected by a budgetary shortfall will be implemented upon recommendation of the chancellor and the Vice President for Finance and Administration, and approval of the president. The president shall consult with governance prior to approval. Governance may request financial records for any unit affected by furlough.
1. The Statewide Office of Human Resources will distribute notice of the president’s approval of a furlough plan to affected employees at least sixty (60) days prior to implementation. The furlough plan will specify the amount or percentage of furlough time and the applicable time period.
2. After a furlough plan has been implemented, a review committee established by the president shall examine ongoing need and efficacy on a quarterly basis.
3. The president may reduce or cancel a furlough plan at any time.

F. Upon notice of a furlough plan, supervisors may schedule furlough days, in consultation with the employee, subject to the operational needs of the department. Furlough
schedules shall be approved by the department dean/director and the regional human resources office.

G. Furlough days shall be taken on days that the employee would normally be scheduled to work. Employees may not be directed or permitted to work on furlough days or to work more than 40 hours in the work week in which a furlough day is taken. No employee may use paid leave to offset all or any portion of a furlough.

H. Furlough provisions for employees under collective bargaining agreements will be clarified through Memoranda of Agreement with each bargaining unit.

I. The Chief Human Resources Officer or designee will review any appeals from employees claiming extreme financial hardship under a furlough plan.

J. The provisions of this section apply only to employee furlough and are not applicable to layoff or any other type of termination of university employment.
The committee reviewed nominations for the Staff Make Students Count Award, and met to select the final recommendation for the award. Colby Freel joined the committee as a representative of ASUAF for the Staff Make Students Count Award. The committee’s recommendation has been submitted to Statewide Administration for President Gamble’s consideration.

The nominations for the Chancellor’s Cornerstone Award were distributed to committee members on March 30. The committee will review and meet to decide on finalist recommendations for the award. Currently our timeline is not set.
Staff Alliance

MEMORANDUM

DATE: March 23, 2015

TO: R. Erik Seastedt, Chief Human Resources Officer

FROM: Monique Musick, Chair

RE: Response to the Final UA Furlough Regulation

We are deeply troubled by the changes to the UA Furlough Regulations that occurred after our governance review and before the final signature, most particularly the deletion of the Limits to Furlough section. This change substantially impacts staff, and reflects a serious issue in the governance process at the University of Alaska.

Staff Alliance was pleased to work in partnership with the administration in crafting the furlough regulations, and believed that this partnership would strengthen our relationship and result in the meaningful involvement of staff in the crafting of policy and regulation. We still believe that there is a place in this process for partnering during the development of policy and regulation, and believe that such partnership will result in better policies and clearer communication.

However, in this case the governance review process appears to have been seriously compromised. The draft regulation was sent to an individual member of Staff Alliance for review in mid-December, with a deadline for feedback of January 5. Thirty days is a short period for full and thoughtful review, comment, and compilation of a formal response on behalf of staff throughout the UA System; when coupled with the holiday closure, this timeline was especially discouraging. We appreciated the ability to extend the deadline for feedback, and compiled and shared comments from our universities. We believed that our involvement in the crafting of draft regulations and our feedback during review resulted in regulations that would be the best manageable in a bleak budgetary situation, that were as fair as possible, and that gave staff needed information so they could adapt.

We were surprised to find significant changes to the regulations when they were signed, changes that were made without consultation or even the courtesy of an explanation. In fact, if we had not reviewed the final regulation and compared it to the earlier version shared with us, we would not have known that an important protection had been stripped. Our representatives, who dedicated time and energy to the crafting of these regulations and reported that the process was cooperative and respectful, were not informed that a key section they advocated for had been deleted.
Should there have been any reason to doubt that this section would become a part of the final regulations, Staff Alliance would have provided a formal response outlining the need for a limit to furloughs. A limit on the length of a prospective furlough is responsible; it ensures that UA’s response to budgetary struggles is strategic; it provides staff with critical information about how much they can expect to lose in pay in a worst, case scenario. Just as the University struggles to plan for the next fiscal year while the legislative budget process proceeds, staff are struggling to determine what changes we’ll need to make to balance our household budgets.

It is important to recognize that even in the recent emergency changes to layoff regulations, which did not require formal governance review, we received a response from the administration outlining those areas where the adopted regulations differed from our preferred options. While the final product was still concerning, that step did close the communication loop and let us know that our opinions had been heard.

While the furlough regulations have been signed and adopted formally, we believe it is important to express our deep concern over the approach taken. If the University of Alaska is committed to shared-governance, we must do a better job of valuing governance input and communicating when our positions do not align. We look forward to building a stronger, more consistent, and ultimately more respectful process for shared-governance.

cc: Pat Gamble, President
    Dan White, Vice President for Academic Affairs and Research
The University of Alaska Fairbanks declared its campuses tobacco-free to provide a safe and healthy environment for students, employees and visitors.

Below are answers to frequently asked questions. For more information, please contact the Fresh Air Campus Committee at uaf-tobaccofreecampus@alaska.edu.

Q. WHAT IS THE TOBACCO-FREE CAMPUS POLICY?
A. Tobacco product use is prohibited in all buildings, grounds, trails, parking garages, parking lots (except personally owned vehicles not parked in parking garages), university-owned streets and sidewalks, and spaces leased or owned by the university. The policy includes all of UAF’s campuses and applies to all employees, students, visitors, volunteers, contractors and vendors.

Q. WHAT IS CONSIDERED A TOBACCO PRODUCT?
A. Tobacco products include, but are not limited to, cigarettes, cigars, pipes, kreteks, bidis, other inhalable burning substances and all smokeless tobacco and tobacco-containing products.

Q. DOES MARIJUANA FALL UNDER THIS REGULATION?
A. Use of marijuana as an inhalable burning substance is prohibited. Any use also is prohibited by federal law, other university regulations and the student conduct code.

As a recipient of federal funds, UAF must comply with the Safe and Drug-free Schools and Communities Act and the Drug-Free Workplace Act. So too must university employees.

Q. WHERE CAN I SMOKE?
A. The use of tobacco products is not prohibited in personally owned vehicles parked or being driven on the campus, if they are not parked in a university parking garage. You can also smoke on public sidewalks and public rights-of-way that border a campus and in areas within a fenced construction project in which the contractor has complete custody.

The policy does not prohibit tobacco use while inside personal vehicles; however, cigarette butts should be disposed of properly. For other exclusions from the ban, please refer to the smoke-free/tobacco-free campuses regulation.

Q. DOES THAT MEAN I HAVE TO QUIT SMOKING?
A. No one has to quit, although quitting is encouraged.

Q. WHERE CAN I FIND RESOURCES THAT WOULD HELP ME QUIT?
A. If you are an employee looking for information to help you kick the tobacco habit, visit www.alaska.edu/benefits/tobacco-use/.

If you’d like information to help you to kick the tobacco habit and you are a student, please visit, www.uaf.edu/chc/health-counseling-service/, or Alaska’s Tobacco Quit Line at 1-800-quit-now or online at www.quitnow.net/alaska/. Several smart phone apps also can help you quit.

Q. WHEN DOES THE SMOKE-FREE/TOBACCO-FREE CAMPUSES POLICY GO INTO EFFECT?
A. UAF has opted to phase in the regulation during this calendar year, so it will take effect on Dec. 31, 2015.
Q. CAN I SMOKE ANYWHERE ON CAMPUS BEFORE DEC. 31, 2015?
A. Using tobacco on campus is allowed until Dec. 31, 2015. However, smoking is prohibited within 50 feet of university building entrances. If you use tobacco, please be courteous to nonusers and step away from buildings, air vents, walkways or other highly traveled areas. After Dec. 31, you will only be allowed to smoke in your car.

Q. HOW SHOULD I APPROACH A PERSON WHO IS SMOKING IN AN AREA WHERE SMOKING ISN’T ALLOWED?
A. Concerns about the use of tobacco and related products should be expressed respectfully. You should courteously inform the individual about the policy and encourage him or her to comply.

Please recognize that the change may be difficult for some people. It's important that you share the policy information in a nonconfrontational manner.

Possible approach: You may not be aware that the university adopted a smoke-free/tobacco-free campus regulation recently. The regulation prohibits use of cigarettes, cigars, pipes, kreteks, bidis, other inhalable burning substances and all smokeless tobacco and tobacco-containing products. Use is only allowed in personal vehicles. Everyone is expected to follow the policy. If you have questions, you may contact the Fresh Air Campus Committee at uaf-tobaccofreecampus@alaska.edu.

Q. WHAT IF I NOTICE THAT THERE ARE AREAS OF CAMPUS WHERE TOBACCO USERS TEND TO CONGREGATE?
A. If there are common areas that tend to be gathering spots, please send an email to uaf-tobaccofreecampus@alaska.edu. The committee can forward the information to the appropriate department.

Q. HOW IS THE NEW POLICY GOING TO BE ENFORCED?
A. Implementation of this prohibition relies heavily on the consideration and cooperation of both smokers and nonsmokers. Concerns regarding violation of the policy or the regulation will be referred to the appropriate unit for review and action:

- Students — to the university student affairs representative.
- Faculty, staff and volunteers — to their supervisors.
- Contractors and vendors — to their employers and/or UAF Procurement and Contract Services.

Visitors and guests may be required to leave campus if they fail to conform to the policy or regulation.

Q. I AM A SUPERVISOR. HOW SHOULD I HANDLE TOBACCO USE ISSUES WITH MY EMPLOYEES?
A. Share the policy and explain that violating the tobacco-free campus regulation will be treated as any other violation of campus regulation. Consider sharing resources for employees who want help with quitting. While employees are permitted to use their regular breaks to use tobacco, they are not allotted additional break time.

If you have questions not answered here regarding employees and tobacco use, please contact Human Resources at 474-7700.

For more information about this policy visit www.uaf.edu/tobaccofreecampus/.
UAF Staff Council Resolution to Oppose Emergency Revisions to the UA System Layoff Recall and Release Policy

BACKGROUND:

On March 2, 2015, President Gamble signed emergency revisions to the UA System Layoff Policy. The revisions included removing the formal appeal process and replacing it with a less-intensive review process.

The revisions were deemed “emergency” due to an additional change of shortening the notice given to lay off exempt employees. As “emergency” revisions, the changes were not subject to the normal shared governance process.

The response provided as to why the appeal process had been removed was that it was done to eliminate the extensive drain on HR resources in the event an entire department was laid off and each employee in that department chose to file an appeal. The administration was clear that in the near future more instances of entire departments being laid off are probable.

There is no language in the current Layoff Policy to indicate the return of an appeal process if and/or when the fiscal climate stabilizes.

RESOLUTION:

WHEREAS we feel the removal of the formal appeal process does not fit into the purview of an “emergency” action, circumventing the shared governance procedure; and;

WHEREAS we feel the change of appeal procedure represents a clear reduction in employee rights; and;

WHEREAS we feel it insufficient that the review process could require the same supervisor to issue the layoff to also be the supervisor performing the review; and;

WHEREAS we feel that all employees should have access to a fair appeal process, regardless of the financial climate; and;

WHEREAS we feel the policy should, at the very least, return to the formal appeal process if and/or when the fiscal climate stabilizes.

LET IT BE RESOLVED that UAF Staff Council opposes the adopted change from the formal Appeal Process to the new review process in UA System Layoff Policy.

LET IT BE FURTHER RESOLVED that the UAF Staff Council calls on UA Administration and the UA Board of Regents to rescind the recent changes to the appeal process in the policy.
The Staff Affairs Committee met today and discussed the item as indicated below.

Those attending in person included: Jesse Atencio, Susie Carson, Kim Eames, Jane Groseclose, Melody Hughes, Jenel Merrifield, Sue Mitchell, Mathew Mund, Dean Ojala, and Jeff Baxter.

The bulk of the meeting was spent discussing the emergency changes to the UA System Layoff Policy. There is deep concern because it appears the changes virtually eliminate a significant tool available to employees who receive a notice of layoff. Rather than using the existing grievance process, there is a review process where an HR representative will appoint a review official to see if there is cause for grievance. If it is determined there is no cause for grievance, the employee will be laid off without further recourse.

There are several things wrong with this policy:

1. If an employee requests review, the appointed review official can be the very person who made the decision for layoff in the first place.

2. The grievance process was in place for a reason and it’s not broke! It is fundamental to an employee to ensure their layoff was not a result of legal violations (age discrimination, for instance).

3. The review process was instated under emergency conditions which allowed this change to by-pass shared governance. An emergency change does not seem to be merited in this case.

As a result, the committee will draft a resolution to be considered by the full Staff Council at the April 6 meeting.

The resolution is attached.

Thanks,
Jeff Baxter
Chair, Staff Affairs Committee
Master Planning Committee – March Report

Submitted by Richard Machida

1. Thompson Drive - J. Shambare
   2. Various proposals since 2005
   3. Cost varied from $140k to $310k (2005 dollars) depending on materials
   4. G. Newman will draft a motion to prioritize signage for the Thompson Drive entrance
   4. The origin of the discussion was the installation of a “clock tower”.

3. Subcommittee and additional reports
   4. North Campus
      Has not met.
      Skiing isn’t great but still usable.
   2. Campus Landscape
      Has not met.
   3. Art on Campus
      Has not met.
   4. Sustainability
      Nothing to report. The committees are being formed and implementation is starting.
   5. Trails Planning
      Was originally to be taken off of the agenda. The engineering students are undertaking a redesign of the sidewalks on Yukon Drive. Design needs to be completed by the end of the Spring Semester.

5. Facilities Services update
   No updates at this time
   Mike Ruckhaus is doing some “value engineering” as the estimates are running on the high side.

6. Public comment period
   The Chancellor and Sherrie are chairing the Heart Walk Committee
   The Heart Walk is on May 16th

7. Schedule
Fresh Air Campus Challenge (FACC) Committee  
Report for Staff Council Meeting #260

Members: Brad Krick, Sue Mitchell

The FACC group is now meeting every two weeks instead of every week. We met on March 5 and on March 19. The group will meet next on April 2.

March 5:

The biggest item is that committee’s idea to phase in Designated Smoking Areas has been removed. Instead, UAF will operate under its current rules regarding smoking and tobacco use on campus until December 31. In the meantime, FACC will work on getting the word out regarding the change the policy (to current students and employees, to new students and employees, and to the public) and sharing information about resources available for cessation and for talking about tobacco use on campus.

March 19:

Carla Browning from Marketing and Communications gave the group an update on the work that they have been doing. There is a UAF website that should be live on April 2. The website will include links for students and employees to cessation resources. Shortly after that, there will be a FAQ posted to the website with general information about the change to the tobacco free campus.

On March 26, representatives from the American Lung Association will be at the Wood Center to raise awareness about the coming change.
Rural Affairs Committee Notes

March 11, 2015

Meeting second Wednesday of each month

- Connect Rural Staff to Governance
  - Identify/Define Centers under each campus
    - Work on list of which campuses, sites fall under Rural Affairs
  - Define who this committee represents and improve communication
    - SFOS – Marine Advisory Program/courses, Cooperative Extension, course work in villages primarily web-based
    - Dillingham – Serves 33 villages and 3 remote centers

- Budget Cuts – general discussion
  - COLA – Discuss changes to cost of living allocations in rural areas
    - Even if budgets will not allow – needs to be in place for when budgets are healthier
  - Facilities – this could also be a priority when budgets improve

- Videoconferencing
  - How important is this to each site and what currently exists (delivering courses/service to students)

- No Smoking/Tobacco Use Policy
  - Non-issue for many rural campus sites – in place prior to policy or not having issue with it

- All in attendance – spoke about their area or why on committee
Staff Alliance Compensation Committee Report: March, 2015

The committee met via Google Hangout on March 26. UAF attendees were Faye Gallant (chair), Bradley Krick, and Michael Cox.

The committee discussed the best approach to compensation proposals for FY17 given the current budget situation and uncertainty about future years. The consensus was that it was important to pursue compensation increases even in times of furloughs and layoffs, because of the long-term compounding impact of forgone increases to employees.

The committee is currently gathering additional information to inform the next meeting’s discussion.

Some items under **preliminary discussion to explore** for FY17 include:

- Step increase for current employees (1 percent) with additional adjustment if needed to stay in line with inflation
- Compensation increase based on Consumer Price Index (was 1 percent for Anchorage in first half of this year), and based on any employee contribution increases to health plan costs
- Geographic differential- this has been off the table in prior years due to cost estimates from Statewide, but the committee would like to reexamine those estimates
- 37.5 hour work week, without a reduction in take-home pay (same paycheck, fewer hours; an increase in time rather than money)- this option would eliminate a planned cost increase to the university, without devaluing employees’ time or reducing employee pay, but would mean forgoing annual compensation increases. This option had a lot of discussion- the committee is interested in better understanding its repercussions before bringing it to constituents for feedback or pursuing further
- Incentivize employee use of annual leave and vacation time
Proposed UAF Policy ___________
Original Adoption: ___________
Revised: ___________
Responsible Chancellor’s Cabinet Member: ___________
Responsible Department/Office: ___________

UAF MOU/MOA Policy - DRAFT

POLICY STATEMENT
This policy offers guidance for UAF departments/units for the preparation, review and electronic storage of memoranda of agreement (MOA) and memoranda of understanding (MOU). These two terms are often used interchangeably; however, in many cases there are differences. This policy defines the preferred best practices for use at the UAF campuses.

BACKGROUND & JUSTIFICATION
This policy is designed to set basic standards for centralized storage of MOA/MOUs in an electronic and searchable format. These UAF documents will be stored in OnBase.

DEFINITIONS
Memorandum of Agreement (MOA): A legally binding document that details the obligations and commitments of the parties and allocates and minimizes each party’s risks. This can also be referred to as a contract. Binding agreements must contain, but are not limited to: a listing of the parties involved, a purpose/statement of work, terms and conditions, appropriate bilateral signatures, duration of agreement and any payment terms or special provisions (as applicable). An MOA is a document written between parties to cooperatively work together on an agreed upon project or meet an agreed upon objective. The purpose of an MOA is to have a written formal understanding of the agreement between parties.

Memorandum of Understanding (MOU): A nonbinding agreement can be entitled a MOU. A nonbinding agreement does not commit UAF to perform work or provide services. A MOU expresses convergence of will between the parties, indicating an intended common line of action, rather than a legal commitment. It is a more formal alternative to a gentlemen’s agreement, but generally lacks the binding power of a contract. It should contain, and be consistent with, the following provisions:

● This agreement does not create duties or legally enforceable liabilities or obligations for any party nor establish a standard of care attributable to the activities associated with the subject of this agreement.
● Nothing in this agreement requires any party to commit funds or other resources.

A document that is not consistent with the above provision, commits UAF to perform services or provide resources, or otherwise creates a duty, liability or obligation is subject to the review, approval and execution process for MOAs or contracts.
REFERENCES RELIED UPON
Board of Regents (BOR) Policy and Regulation:
P10.07.080 and R10.07.080 - Agreements with external academic and research entities (attached)


RESPONSIBILITIES
The agreement initiator is responsible for coordination with the appropriate responsible offices, Vice Chancellor (VC) level office or Office of the Chancellor for the creation or renewal of a MOA/MOU. The responsible offices and each VC Executive Assistant will serve as a liaison to assist with appropriate routing of each agreement and will have access to the electronic database for searches and/or storage of fully executed agreements in compliance with procedural guidelines.

Signature authority is delegated to the following responsible offices for execution of appropriate agreements.

<table>
<thead>
<tr>
<th>Type of MOA/MOU</th>
<th>Delegation of Signature Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>All/Office of Record</td>
<td>Chancellor</td>
</tr>
<tr>
<td>Academic Activities</td>
<td>Provost</td>
</tr>
<tr>
<td>Research/Intellectual Property</td>
<td>VC Research</td>
</tr>
<tr>
<td>Academic &amp; Research</td>
<td>Provost and VC Research</td>
</tr>
<tr>
<td>Rural &amp; Community Development</td>
<td>VC Rural Community &amp; Native Education</td>
</tr>
<tr>
<td>Facility Agreements</td>
<td>VC Administrative Services</td>
</tr>
<tr>
<td>Arctic Policy/Outreach</td>
<td>VC University &amp; Student Advancement and VC Research</td>
</tr>
</tbody>
</table>

Administrative review may be required by several offices, depending on the details of the agreement. Any MOA/MOU that commits UAF resources, employees or funds, or establishes any legal rights by either party to the agreement, must be reviewed and approved by the appropriate office prior to execution. The following offices may review and/or approve an agreement in conjunction with the above-listed offices, as applicable.

<table>
<thead>
<tr>
<th>Administrative Review</th>
<th>Responsible Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Exchange/Academic Partnership</td>
<td>International Programs &amp; Initiatives</td>
</tr>
<tr>
<td>Contractual Agreements</td>
<td>Procurement &amp; Contract Services</td>
</tr>
<tr>
<td>Master Agreements/Awards</td>
<td>Grants &amp; Contracts Administration</td>
</tr>
<tr>
<td>Facility/Space Use Agreements</td>
<td>Facilities Services (BOR approval if applicable)</td>
</tr>
<tr>
<td>Internal Agreements/Unit Specific*</td>
<td>Office of the Unit Dean/Director</td>
</tr>
</tbody>
</table>

Agreements with external academic or research entities may additionally be reviewed or require language approved by the UA Office of the General Counsel (GC) prior to approval and execution.

*Internal agreements between UAF units/departments/programs may not require this level of review and approval; however, are subject to unit dean or director review and approval.
NON-COMPLIANCE
Non-compliance with the review process including approval and appropriate electronic storage of any externally facing MOA/MOU may result in an agreement that is null and void, and therefore cannot be fully executed by UAF/appropriate parties.

EXCEPTIONS
This policy applies to the management and electronic storage of agreements between UAF and external entity(ies). Additionally, this policy does not include transactions, grants or agreements that are stored or recorded separately in Banner; although in some cases there may be overlap between Banner and OnBase for document retention, this practice is intended to securely store and search documents that may not have a transactional record as reference. If a record is created in Banner as a result of an agreement, these documents will typically become associated with that transactional record, facility agreement, or grant or contract file, as applicable.

PROCEDURES
It is the responsibility of the agreement initiator to ensure all final or fully executed documents are supplied to the appropriate VC level office or Office of the Chancellor. The Office of the Chancellor will ensure all fully executed agreements that fit the above-listed criteria are scanned into OnBase at the appropriate interval, and will manage the retention and purge schedule in accordance with procedural guidelines.

Agreement standards, resources and boilerplate information are available online: www.uaf.edu/mou-moa

Electronic Storage and Document Retention
Agreements must have a minimum set of criteria for approval and electronic storage in OnBase. These minimum standards enable the electronic search functionality within OnBase.

In accordance with BOR Policy and Regulation, fully executed external MOA/MOUs with academic and research entities will be retained no less than three years past the active duration of the agreement. Additional retention rules may apply.

System Access for OnBase
OnBase permissions are managed by the UAF OnBase Administrator. Scanning and viewing permissions are delegated to the responsible offices noted above. As some information is confidential in nature, access will be approved in accordance with procedural guidelines and in conjunction with each responsible office.

POLICY APPROVED BY:

__________________________________________________________________________

Signed:

Brian D. Rogers, Chancellor
University of Alaska Fairbanks
P10.07.080. Agreements with External Academic and Research Entities.
In addition to grants, contracts, and purchase orders that govern the conduct of funded research, education, and services provided by and to the university, units of the university may enter into agreements with one or more external parties. These may take a variety of forms, including Memoranda of Agreement or Understanding, Cooperative Research and Development Agreements, Cooperative Agreements, and agreements to participate in the activities of external entities in accordance with their governance rules or by-laws.

(12-08-05)

R10.07.080. Agreements with External Academic and Research Entities.
No unit or individual below the level of the President or Chancellor may, without explicit approval of the President or Chancellor, develop or sign any agreement with an external academic or research entity on behalf of the university or any of its units.

An “agreement with an external academic or research entity” as used in this regulation means:
1. any agreement that would permit or require any university resources or employee to be used by an external university, college, or other research entity to perform duties for the external academic or research entity;
2. any agreement that would permit or require any university employee to collaborate in any research or academic activity with another university, college, or other research entity;
3. any agreement that would permit or require any resources or employees of any external university, college, or research entity to be used by this university;
4. any agreement between this university and an external academic or research entity to cooperate in obtaining one or more grants or conducting research or academic activities in the future; or
5. any agreement involving academic or research activity that involves the payment of money by either this university or another academic or research entity to the other.

The Chancellors for their MAUs and all units within them, and the President for units in statewide and for agreements at the University level, will determine the appropriate signatory authority for any agreement between any unit of the university and an external academic or research entity.

All agreements with external academic or research entities will be reviewed by the university Office of the General Counsel prior to approval.

The Offices of the President or Chancellor, as appropriate, will retain original copies of all external agreements signed by themselves or representatives of their units, for a minimum of three years past the active duration of the agreement.

(12-08-05)
# UA Choice Bi-Weekly Charges for FY16

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Employee (EE)</th>
<th>Dependent</th>
<th>Total Bi-Weekly Charge</th>
<th>Annual Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>750 Plan</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Employee (EE)</td>
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<td>N/A</td>
<td>$110.16</td>
<td>$2,864</td>
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<tr>
<td>EE + Spouse</td>
<td>$110.16</td>
<td>$127.54</td>
<td>$237.70</td>
<td>$6,180</td>
</tr>
<tr>
<td>EE + 1 Child</td>
<td>$110.16</td>
<td>$43.54</td>
<td>$153.70</td>
<td>$3,996</td>
</tr>
<tr>
<td>EE + 2 Children</td>
<td>$110.16</td>
<td>$78.35</td>
<td>$188.51</td>
<td>$4,901</td>
</tr>
<tr>
<td>EE + 3 or more Children</td>
<td>$110.16</td>
<td>$104.47</td>
<td>$214.63</td>
<td>$5,580</td>
</tr>
<tr>
<td>EE, Spouse, 1 child</td>
<td>$110.16</td>
<td>$171.08</td>
<td>$281.24</td>
<td>$7,312</td>
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<tr>
<td>EE, Spouse, 2 children</td>
<td>$110.16</td>
<td>$205.93</td>
<td>$316.09</td>
<td>$8,218</td>
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<tr>
<td>EE, Spouse, 3 or more Children</td>
<td>$110.16</td>
<td>$232.00</td>
<td>$342.16</td>
<td>$8,896</td>
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<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Employee (EE)</th>
<th>Dependent</th>
<th>Total Bi-Weekly Charge</th>
<th>Annual Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Deductible Health Plan (HDHP)</strong></td>
<td></td>
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<tr>
<td>Employee (EE)</td>
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<td>$65.81</td>
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<tr>
<td>EE + Spouse</td>
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<td>EE + 1 Child</td>
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<tr>
<td>EE + 2 Children</td>
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<tr>
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<td>EE, Spouse, 1 child</td>
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<tr>
<td>EE, Spouse, 3 or more Children</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Employee (EE)</th>
<th>Dependent</th>
<th>Total Bi-Weekly Charge</th>
<th>Annual Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer-Directed Health Plan (CDHP)</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee (EE)</td>
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<td>$52.35</td>
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<tr>
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<td>$58.20</td>
<td>$110.55</td>
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<tr>
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<td>$14.66</td>
<td>$67.01</td>
<td>$1,742</td>
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<tr>
<td>EE + 2 Children</td>
<td>$52.35</td>
<td>$26.35</td>
<td>$83.70</td>
<td>$2,046</td>
</tr>
<tr>
<td>EE + 3 or more Children</td>
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<td>$35.12</td>
<td>$87.47</td>
<td>$2,274</td>
</tr>
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<td>EE, Spouse, 1 child</td>
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<td>$125.16</td>
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</tr>
<tr>
<td>EE, Spouse, 2 children</td>
<td>$52.35</td>
<td>$84.54</td>
<td>$139.89</td>
<td>$3,559</td>
</tr>
<tr>
<td>EE, Spouse, 3 or more Children</td>
<td>$52.35</td>
<td>$93.31</td>
<td>$145.66</td>
<td>$3,787</td>
</tr>
</tbody>
</table>