POLICY COVER SHEET

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

<table>
<thead>
<tr>
<th>□ Addition</th>
<th>□ Revision*</th>
<th>□ Deletion*</th>
<th>□ Emergency</th>
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</thead>
</table>

Chapter & Title: Administrative Procedures Manual [APM] □ Additions □ Revisions* □ Deletions* □ Emergencies

Chapter & Title: 35.35 – Public Use and Liabilities

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): Matt Dorschel October 27, 2014

(please see FSH 1460 C) Name Date

Telephone & Email: 5-7209 / mdorschel@uidaho.edu

Policy Sponsor: (If different than originator.)

Telephone & Email: __________________________

Reviewed by General Counsel X Yes ____No Name & Date: G Costa, November 21, 2014

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.

The purpose of this revised APM is to delete sections that pertain to animals on campus that are now covered in newly approved APM 95.16, Animals on Campus. Additionally, minor administrative changes need to reflect the update to 95.12, Weapons. These changes are in section H.

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.

If not a minor amendment forward to: __________________________________________

Track # _______________

Date Rec.: _____________

Posted: t-sheet ______ h/c ___________

Register: ________ web___________

Policy Coordinator Appr. & Date: __________________________

[Office Use Only]

FSH Appr. __________________

FC ______________

GFM ______________

Pres./Prov. ____________

[Office Use Only]

APM F&A Appr.:

[Office Use Only]

[Office Use Only]