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: __________________________

Administrative Procedures Manual [APM] X Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □
Chapter & Title: APM 70.23 University International Travel

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): Jill Kellogg-Serna 12.17.2014
(Please see FSH 1460 C)
Name Date
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Policy Sponsor: (If different than originator.)
John K. McIver, YRPED 2.13.2015
Katherine G. Aiken, Provost 2.13.2015
Name Date
Telephone & Email: __________________________

Reviewed by General Counsel _X__Yes ____No Name & Date: Casey Inge 2.3.2015

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.
This new policy was established to ensure that risk associated with University-related international travel is appropriately assessed and that international travel is undertaken by members of the University community in compliance with applicable export control and trade sanction regulations.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
Minimal.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
APM 5.05

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: __________________________
Track # ____________ Date Rec.: _____________
Posted: t-sheet ______ h/c ______
web ______ Register: ____________
(Office Use Only)

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

FSH
Appr. ______________
FC ______________
GFM ______________
Pres./Prov. ____________
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APM
F&A Appr.: __________
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