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

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 45.[XX] University of Idaho Unmanned Aircraft Systems
(“UAS”)

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): John K. McIver 3.23.2015
(Please see FSH 1460 C)
Name Date
Telephone & Email: 885-6689 jmciver@uidaho.edu
Policy Sponsor: (If different than originator.)
Telephone & Email: ____________________________
 Reviewed by General Counsel  _X_ Yes  No  Name & Date:  _Casey Inge (3.17.2015)________________

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.
Policy is intended to ensure that the University operates any unmanned aircraft system in the furtherance of its educational, research, and service missions, as well as in compliance with applicable federal and state laws by identifying a Committee and institutional official with responsibility for review and approval of University UAS operations.

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.
This policy is the counterpart to APM 95.XX, Personal Use of Unmanned Aircraft Systems on Campus, which prohibits personal UAS use on University property. See also APM 35.35, Section I.

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.
This policy is to be effective immediately.

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. ____________
[Office Use Only]

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

Track # ____________
Date Rec.: _____________
Posted: t-sheet ____________
h/c __________________
web _____________
Register: ________
(Office Use Only)