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

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>Addition □ Revision* □ Deletion* □ Emergency</th>
<th>Chapter &amp; Title:</th>
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<tr>
<td>Additions</td>
<td>Minor Amendment □</td>
<td>Administrative Procedures Manual [APM]</td>
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<tr>
<td>Chapter &amp; Title:</td>
<td>APM 95.[XX] University of Idaho Unmanned Aircraft Systems (&quot;UAS&quot;); APM 35.35 Public Use and Liabilities (Revision)</td>
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</tbody>
</table>

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 Dorshel  3.23.2015
(Please see FSH 1460 C)
Telephone & Email: 885-7209 mdorschel@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. This policy prohibits the personal use of UAS, including model aircraft, on University property, due to safety, privacy, and other concerns such use presents. Changes to APM 35.35. have been made to correspond to the prohibition in the new policy.

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 45.XX, University of Idaho Unmanned Aircraft Systems, which sets forth the review, approval, and oversight procedures for use of UAS under the auspices of the University.

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)