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: ____________________________________________________________

Minor Amendment □

Chapter & Title: APM 45.35 – 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): Dan LaHann 2/1/17
(Please see FSH 1460 C)

Name Date

Telephone & Email: 208-885-0174 dlahann@uidaho.edu

Policy Sponsor: (If different than originator.)

Name Date

Reviewed by General Counsel X Yes No Name & Date: Casey Inge, 12/21/16

I. Policy/Procedure Statement: Briefly explain the purpose/rationale of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

a. In September of 2016, the FAA released Section 107, which reduced the requirements to fly small unmanned aerial vehicles commercially. This revision updates UI’s UAV policy to reflect this change.

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

a. No impact.

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

a. No other changes.

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: ___________

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

FSH
Appr. __________
FC __________
GFM __________
Pres./Prov. __________

Track # _________ Date Rec.: ___________
Posted: t-sheet _________ h/c _________
web ___________ Register: ___________

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