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 45.22

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 10.20.2012
(Please see FSH 1460 C)
Name Date
Telephone & Email: _______________________________________________________
Policy Sponsor: (If different than originator.)
Name Date
Telephone & Email: _______________________________________________________
Reviewed by General Counsel _X__ Yes ___No Name & Date: _Casey Inge _11.26.2012____________

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.
Revised to expressly grant Vice President for Research and Economic Development authority waiver requirements for certain individuals serving as Co-Principal Investigators or Investigators.

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.
Should have no immediate impact on other policies.

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 _________
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.: ____________
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Track # ____________
Date Rec.: ____________
Posted: t-sheet ____________
h/c ____________________
web____________________
Register: ______________
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