**Policy and Procedure Exception Form**

# Policy/Procedure Exception Log

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| --- | --- | --- |
| **Policy Number** | **Date Received** | **Resolution** |
|  |  |  |

# Policy/Procedure Exception Request:

*To be submitted for review to the office/individual responsible for maintaining and enforcing the policy.*

**Date:** [Date of Submission]

**Requestor:** [Your Name]

**Department:** [Your Department]

**Position:** [Your Position]

**Email:** [Your Email Address] **Phone:** [Your Phone Number]

**Policy/Procedure Details:**

**Policy Number and Title or Procedure Title:**

**Revision Date of Policy/Procedure:**

**Reason for Exception:** (*Please provide a detailed explanation of why you are seeking an exception to the specified policy/procedure. Include any relevant background information, circumstances, or events that have led to this request.)*

**Impact and Rationale:** (*Explain how granting this exception will impact the university positively and why it is in the best interest of the university to consider this request. Address any potential risks and benefits associated with the exception.)*

**Proposed Mitigation Strategies:** *(If applicable, provide any strategies or measures that you plan to implement to mitigate any potential negative impacts resulting from the exception. This could include steps to ensure compliance with the intent of the policy/procedure or alternatives to achieve the desired outcome.*):

**Supporting Documentation:** *(Please attach any supporting documents that provide additional context or justification for this exception request. This could include relevant research, data, comparative analysis, or any other materials that would help assess the request thoroughly.*):

I hereby request an exception to the Policy/Procedure referenced above and provide the above information in support of my request. I understand that this form will be reviewed by the individual/office responsible for maintaining and enforcing the policy, with Senior Leadership Policy Committee assistance if required by the policy. The decision on this request will be final.

**Requestor's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Submit this form to the designated office or email address specified by the policy for which you are requesting an exception.*)

**Resolution of Request (Reviewer select and sign one option below):**

***Approved*: Reviewer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Denied*: Reviewer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_