**COLLEGE OF NATURAL & AGRICULTURAL SCIENCES**

REQUEST FOR EXCEPTION TO POLICY (COMPLETE FOR ALL)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Click here to enter a date. | **Requestor** **(host or traveler)** | Click here to enter requestor name |
| **To Dean:**  | Kathryn Uhrich,Dean, CNAS | **From Department Chair:** | Richard Redak,Chair, Entomology |
| **Via Dept FAO:** | Kathy Carrington,FAO, Entomology | **Via CFAO:** | Jennifer Farias,CFAO, CNAS |
| COMPLETE THIS SECTION FOR EVENT TRAVEL OR REMOVAL EXCEPTION REQUESTS: |
| **Type of event/travel** | Choose an item. | **Location of event or travel** | Enter location |
| **Date of event or travel departure** | Click here to enter a date. | **Date of travel return** | Click here to enter a date. |
| **Event to include** |[ ]  Faculty |[ ]  Staff |[ ]  External Visitors |[ ]  Spouse(s) |
| **If spouse(s) attending, provide business related reason for their attendance (below):** |
| Click here to add reason |
| **Anticipated Cost** | $Enter Amount | **# of Attendees** | Enter # of Attendees  | **Cost per person** | $Enter Amount |
| **If meal, choose one** |[ ]  Breakfast |[ ]  Lunch |[ ]  Light Refreshment |[ ]  Dinner |
| **If meal exceeds policy limits, please provide justification (below):** |
| Click here to add justification |
| **Is alcohol being served?** | Choose an item. | **If alcohol served, provide status of alcohol permit** | Choose an item. |
| **Additional comments regarding permit** |   |
| **Funding from unrestricted funds?**  |[ ]  Yes |[ ]  No | **FAU to be used** | Click here to enter text. |
| **Explanation for Exceptional Approval request (provide all details below):** |
| Click here to enter text. |
| FOR REMOVAL EXCEPTION REQUESTS PLEASE **ALSO COMPLETE THE SECTION BELOW:** |
| **For Removal Exceptions, provide Candidate’s Name:** | Click here to enter text. |
| **For Removal Exceptions, provide Candidate’s Title & Code:** | Click here to enter text. |
| **For Removal Exceptions, provide Candidate’s Start Date:** | Click here to enter a date. |
| **Removal Exception Funding Source:** |[ ]  Grant Funds |[ ]  Start Up Funds | **FAU:** | Click here to enter text. |
| **Explanation for Removal Expense Exception request (provide all details below):** |
| Click here to enter text. |
| COMPLETE THIS SECTION FOR PURCHASES OVER $500 OTHER POLICY EXCEPTIONS: |
| **Reason for Exceptional Approval Request** | Choose an item. |
| **Funding from unrestricted funds?**  |[x]  Yes |[ ]  No | **FAU to be used** | Click here to enter text. |
| **Out of policy justification summary (below):** |
| Click here to enter text. |