**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?** | | | |  | | Yes | | |  | | | No | | | **FAU to be used** | | | | | | | Click here to enter text. | | | | | | |
| **Out of policy justification summary (below):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |