

# REQUEST FOR EXCEPTION TO POLICY

**Duration of Exception:**                      **One Time**                      **Date Range:** \_\_\_\_\_

<b>CONTACT INFORMATION</b>
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Requesting Department:	Date:
Contact Name:	Phone:                      Net ID:
Account Manager/PI:	Phone:                      Net ID:

<b>REASON AND BUSINESS PURPOSE FOR EXCEPTION TO POLICY (enter policy and section below)</b>
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**UPPS Number and Section**

**Division Policy Number and Section**

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<b>ACCOUNT MANAGER/PRINCIPAL INVESTIGATOR CERTIFICATION</b>
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By requesting this exception to policy, the undersigned certifies their knowledge of, and intent of all Texas State Policies and Procedures Statements related to this exception; as well as to provide all documentation required for the exception. Further, the undersigned acknowledges their understanding that exception must be in accordance with all applicable funding source requirements, and that the undersigned certifies that the exception conforms to applicable Federal, State, and local statutes and rules and regulations.	
Account Manager/PI Signature: _____	Date: _____

<b>SENIOR REVIEWER OF UPPS/DIVISION POLICY</b>
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SIGNATURE	TITLE

**If the exception is for a payment, attach this approved form to any requisition, e-NPO, or P-Card Log. If no payment is being made, retain this approved exception with any information/documentation regarding the exemption.**