

University of Houston Memorandum

Date:

To:

From:

Subj: Request for Exception to

Exception Type – Check one or more of the following that best describes the type of non-compliance:

Contracting process	HR/Payroll process	Travel reimbursement/payment	Non-travel reimbursement/payment
Procurement process	Moving expense	Late submittal of travel receipts	Late submittal of non-travel receipts
Other (describe):			

Vendor/Employee Name:	Document # (if applicable):	Amount Involved (if any):
_____	_____	\$ _____
(Attach copy of voucher, receipts, etc)		

1. An exception is requested for the following policy: (Type the policy number and paragraph, and describe the policy.)

If late submittal of receipts: **Date of oldest receipt submitted or last date of travel:**
Date receipt submitted to the business office:

2. The following action is requested (e.g., approval to pay vendor/employee):

3. The policy was not adhered to or consideration is requested because: (Identify the cause of the non-compliance.)

4. Explain how the employee or department will avoid such exceptions in the future.

Check one or more of the following and then further explain in the space below:

Modify internal process	Provide specific training to employees
Create or modify written procedures	Take disciplinary action against responsible employees
Other:	

Further Explanation:

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For Controller's Use Only

I have reviewed this request and conclude the following:

- _____ A policy exception request is required for the action requested in #2 above.
 _____ Granting an exception to this policy will not violate any known state or federal rules or regulations.

Controller's
Comments:

Position	Printed Name	Signature	Date
Controller	_____	_____	_____

Policy Exception Request Review and Approval Signatures

Position	Printed Name	Signature	Date
Department Business Administrator	_____	_____	_____
Department Chair/Unit Head	_____	_____	_____
College/Division Business Administrator	_____	_____	_____
Dean/Director	_____	_____	_____
Responsible Vice President	_____	_____	_____
Sr. Associate VC/VP Finance	_____	_____	_____

Comments Regarding Approval/Disapproval:

Instructions:

1. Department completes page 1 of this form and emails it to the Controller, along with backup documentation (e.g. voucher, receipts, etc.).
2. Controller assigns the form a request number, which is entered into the footer of the document.
3. Controller reviews the request to verify it is required, does not violate known state or federal laws, adds any comments (optional), signs and dates the form, and returns the form to the department by email.
4. Department routes the form and backup documentation for approval signatures.
5. The Sr. Associate VC/VP for A&F has the final authority to approve policy exception requests. Any approver may enter comments regarding the approval/disapproval (optional).
6. The Office of the Sr. Associate VC/VP for A&F will email the completed form to the Controller, who will forward it to the department.
7. The Department will include approved exception requests as backup documentation for any affected transactions.