



Policy Departure Request Form

Requester and Department Information

Requester's Name (enter first, middle initial, last name):

Requester's Title:

Requester's Phone:

Requester's Email:

Department:

Supervisor/Manager's Name (enter first, middle initial, last name):

Supervisor/Manager's Title:

Supervisor/Manager's Phone:

Supervisor/Manager's Email:

CURRENT POLICY PROCEDURE

DESCRIPTION OF POLICY DEPARTURE REQUESTED

NET EFFECT ON RISK/BENEFIT OF POLICY DEPARTURE

APPROVALS

Requester's Name:

Date:

Requester's Signature:

Supervisor/Manager's Name:

Date:

Supervisor/Manager's Signature:

Department Head Name (note same if same as above):

Date:

Department Head Signature (note same if same as above):

AVP/VP Name:

Date:

AVP/VP Signature:

COO/Provost Name:

Date:

COO/Provost Signature:

President Name:

Date:

President Signature: