Yale SCHOOL OF MEDICINE

## YSM/YM POLICY EXCEPTION REQUEST FORM

*This is a fillable PDF form. Please download the form, complete all applicable fields, and submit it via email as directed.*

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|---|---|
| Requestor Name: | |
| Requestor Title: | |
| Request Date: | |
| Requestor Department: | |
| Policy/ Procedure Title for Exception Request: | |
| Provide a **detailed** description of the exception request and the related business purpose / justification. For Finance & Administration exceptions, include details such as who, what, when, where, and why. | |
| How long is the exception needed? (e.g., one-time, 6 months, 1 year, ongoing) | |

Submit the completed form via email to the policy or procedure sponsor or the designated contact identified in the "Contact Information" section of the applicable policy or procedure document.

**The Section below is for review process only**.

| | |
|---|---|
| Policy Sponsor Review/Comments (include a description of the review and indicate whether approval or denial is recommended): | |
| Department Specific Review Committee Decision: | ☐ Approved ☐ Denied |
| Decision Date: | |
| If approved, what timeframe is the exception granted for? | |
| Additional Comments: | |