



## Policy Exception Form Request

### Instruction:

1. Use this form when applying an exception to a policy.
2. Department Manager initiates request by completing the form.
3. Employee acknowledges the terms and conditions of the exception being requested.
4. Department Manager contact HRBP to request HR and Managing Director approval.
5. HRBP notify Department Manager on the approvals and notify appropriate team to provide benefit.
6. Department Manager informs beneficiary of approval.

**Policy Name:**

**EE Name:**

Below provide business reason for the exception request:

**Grade (PSG):**

**Job Title:**

**Department:**

**Requesting Manager** (print name):

**Signature & Date:**

**Acknowledgement:**

I .....(insert First and Name) acknowledge that this benefit is based on the position and shall last for the time that I will be in this assignment only.

**Signature and Date:**

**HR Compensation & Benefit Manager** (Signature & date):

**GM Human Resources & Medical** (Signature & date):

**SASBU MD** (Signature & Date):

