POLICY EXCEPTION REQUEST FORM SHARED DEPARTMENT POOLING PROGRAM

Manual of Business Procedures – Vehicle and Transportation Services Section 245 | I. Licensed Motor Vehicle Policy | C: Ownership

I.	required to participate in the Shared Departm	n annual usage of fewer than 2,000 miles will be nent Vehicle/Trailer Pooling program. Exceptions bling program require department justification
II.	REQUESTOR:	
	Name:	Phone:
	Department Name:	Email:
III.	JUSTIFICATION:	
	entify all significant business reasons that justi Emergency Preparedness Vehicle Service Maintenance Vehicle Donor Stipulation Geographical Location Other other was checked, please explain:	fy this request:
Lie	st the asset number(s) to be reviewed in this re	anest.
	at the asset humber(s) to be reviewed in this re	чисо с.

Policy Exception Request Form

7. SIGNATURES:	
Requestor Signature:	Date:
Dean, Director, or Head of the Department Signature:	Date:
STOP HERE	
Submit the completed form to Brooke Pugh via email ipf.motorpool@msu questions regarding the form, please call 517-353-5280 for assistance.	.edu. If you have any
. APPROVAL/DENIAL	
□RECOMMEND □NOT RECOMMEN	D
Reviewed by:	Date:
Transportation Services Manager Signature:	Date:
□APPROVED □DENIED	
Reviewed by:	Date:
EVPA Signature:	Date:

Policy Exception Request Form

NOTIFICATION OF DECISION

VI. REQUESTOR NOTIFICATION

The requestor will be notified of the final decision via email from the Transportation Services Manager.
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Date Notified: