THE OHIO STATE UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN ECOLOGY

FY27 Financial Guidance Exception Request Form

Requester will complete the section below and submit. The form will route to the appropriate individuals for review to be either (1) approved and sent on for further review until completion or (2) denied based upon a variety of circumstances. Once the form is completed, the requester will receive notification and a copy of the form via Docusign. ***The form must receive approval by all the necessary parties in order for the transaction to be initiated. If the request is denied, then the expense cannot be purchased, or may require reimbursement. Please note: A completed Docusign request does not ensure approval; all signatures must be in place for exception request approval.***

Requester Name.#		Date of Request:		Estimated Cost:	
Unit/Area:		Purchase is for:			
Expenditure Type:					
Business Justification / Purpose					
Benefit to EHE:					
Comments:					

Please add additional documentation (i.e. guest lists, agendas, invoices, etc.) by clicking on the paperclip icon.

Requester initials: _____

Worktag Information:

Cost Center:		Gift:		Project:		Additional Worktags	
Balancing Unit:		Grant:		Assignee:			
Fund:		Program:		Activities & Events:			

Department Approvals

Fiscal Coordinator: _____
Signature Date

Do you approve of moving forward with this transaction?
☐ Yes ☐ No

Comments

Fiscal Officer: _____
Signature Date

Do you approve of moving forward with this transaction?
☐ Yes ☐ No

Does your unit hold a negative net margin?
☐ Yes ☐ No

Comments

Department Chair / Unit Leader _____
Signature Date

☐ Approved ☐ Denied

Comments

Associate Dean of Faculty Affairs Approval

Associate Dean of Faculty Affairs

_____
Signature Date

☐ Approved ☐ Denied

Comments

Additional Approvals

_____
Signature Date

☐ Approved ☐ Denied

Comments

SFO

_____
Signature Date

☐ Approved ☐ Denied

Comments

Dean

_____
Signature Date

☐ Approved ☐ Denied

Comments

Updated 10/2026