

Labor Control Exception Request Form for Regular Staff, Temporary Staff, and Postdocs

All requests for exceptions to the fiscal labor controls must be approved by the President, University Provost, Senior Vice President &CFO, or Senior Vice President for Operations. The form below is to be used to request an exception. For requests from schools/colleges, the Dean must first review the request and only send forward those they support. **All hiring requests must be approved through this exception process, including those that are 100% grant funded. Once complete, please submit all forms to budgen@bu.edu.**

- **Please select one of the following:**

Request for SPH or GDSM to be reviewed by Provost Waters.

Request for a CRC school, college, or administrative department reporting to the Provost to be reviewed by Provost Waters.

Request for the Chobanian and Adevisian School of Medicine to be reviewed by President Gilliam.

All other administrative department requests to be reviewed by the Senior Vice President, CFO, & Treasurer or Senior Vice President for Operations, as appropriate.

- **Requester information**

- ☐ Name
- ☐ Title
- ☐ School/College/Department
- ☐ Date of submission
- ☐ Name of person to return this form to
- ☐ Email of person to return this form to

- **Position Information**

- ☐ Type of Position
- ☐ Position title
- ☐ Position number (if applicable)
- ☐ School/Department
- ☐ Budget amount/salary range
- ☐ Outline all funding source account numbers for this position and the corresponding distribution percentage. Please be inclusive of operating accounts, gifts, endowment, grants, or designated.

Account # _____ %

*If a position has more than 5 funding sources, please submit the top 5 only.

- **Search information**

- Is this a new position or an open existing position?
- What is the current status of this position?
- Status of the search (if applicable)

- **Narrative explanation of why an exception should be made to proceed with this hire (include all relevant information here, do not attach any additional documents)**

- **Narrative explanation of any risk associated with postponing this search**

Dean/Department Senior Leader Approval:

Date _____

*By selecting 'Yes,' I certify that the information submitted on this application is true and correct to the best of my knowledge and that the Dean or the appropriate senior leader has approved of this request

Name of Dean/Department Senior Leader:

Email

*Please do not use Adobe Sign

The below fields are for Administrative Use Only. For final approval, please send the form to budgen@bu.edu.

President/Provost/Senior Vice President Approval:

Signature

Date