

**DEPAUL UNIVERSITY  
GIFT POLICY EXCEPTION FORM**

*To be completed if an employee or department wishes to accept a gift from an outside party that exceeds the limits established by the University's Gifts to Employees Policy*

**(THIS SECTION TO BE COMPLETED BY EMPLOYEE/DEPARTMENT)**

Employee/Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Brief description of the gift in question *(include name of person/entity offering gift and gift's approximate monetary value)*.

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1. **Please explain why accepting this gift would require an exception to the Gifts to Employees Policy** *(check all applicable reasons)*:

- Gift exceeds \$150 in value
  - Gift to a University business unit exceeds \$500 in value
  - Gift is unique and its value is difficult or impossible to assess
  - Employee has received more than \$300 worth of gifts from same party during current fiscal year
  - Party offering gift is a current/potential vendor or donor *(please explain relationship below)*
  - Other *(please explain)* \_\_\_\_\_
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2. **Please explain why you feel an exception to the policy is appropriate** *(include a list of oversight mechanisms or other safeguards in place to prevent abuse and to ensure the acceptance of this gift will not inappropriately influence University business activities and is in the best interests of the University)*: \_\_\_\_\_

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**(THIS SECTION TO BE COMPLETED BY UNIVERSITY OFFICER)**

3.  **Exception Approved** *(please indicate reasons below)*:

- Acceptance of gift will further the business interests of the University
  - Value of gift is only slightly above acceptance limits and is incapable of being decreased
  - Refusal of gift may have a negative impact on the University
  - Other *(please explain)* \_\_\_\_\_
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**Exception Denied** *(please indicate reasons below)*:

- Gift may be perceived as compromising the charitable nature of a donation to the University
  - Gift may be perceived as influencing a University business or procurement decision
  - Gift is excessive or otherwise inappropriate in nature
  - Other *(please explain)* \_\_\_\_\_
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Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please retain a copy of this form for your files and send the completed original to the Controller's Office.*