



University of New Hampshire

UNH EXCEPTION TO USNH TRAVEL POLICY BASED ON A MEDICAL CONDITION

REQUEST FORM

This form, along with a note from the treating healthcare provider, is to be used when a UNH employee wants to request an exception to a USNH Travel Policy due to a temporary medical condition. There must be a clear correlation between the identified need/impact and the requested exception. Except in an exceptional circumstance, requests for an exception to policy based on a medical need will not be honored if submitted after the trip. **Please note the review process can take up to 5 working days.** [For additional information about the review procedure.](#)

Your Name _____	Department _____
Preferred Phone Contact _____	Preferred Email Contact _____
Your BSC Representative _____	
Your travel dates and destination _____	

Identify the relevant [USNH Travel Policy](#) and requested exception:

Identify the temporary medical condition related to this policy exception request:

Describe the correlation/impact of travel on your medical condition:

Your signature _____ Date _____

Return this form along with your doctor's note to the EEO/ADA Compliance Officer via fax or mail.

Please do not email medical information.

Fax: 603 862-2936 Email: wendy.beckwith@unh.edu Questions? 603 862-2930