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| --- | --- | --- | --- |
| Requestor: | Click here to enter text. | Date of Request: | Click here to enter a date. |
| Campus/Location: | Choose location. If you select “Other,” please indicate in “Property Address.” | Effective Date of Policy: | Click here to enter text. |
| Property Address: | Click here to enter text. | Section of Policy to Be Waived: | Click here to enter text. |
| Duration of Waiver Requested: | Click here to enter text. | | |

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| Reason for Waiver: |
| Click here to explain why compliance with the Seismic Safety Policy is not possible. |
| Attachments: |
| Click here to list attachments. |
| Comments: |
| Click here to provide additional comments. |

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| --- | --- | --- | --- |
| **FOR OP USE ONLY** | | | |
| **OP Review By:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **OGC Review By:** | Click here to enter text. | **Date:** | Click here to enter a date. |
| **Comments/Conditions of waiver:** | | | |
| Click here to enter text. | | | | |

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| By signing this document the undersigned agrees to all conditions as listed above (including in any attachments listed) and to submit a compliance report at the end of the waiver period. | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Click here to enter Name, Title and Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

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| Approved | | Denied | |
| Waiver in Effect Until: | Click here to enter text. | | |
| Signature: | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **David Phillips**  **Associate Vice President**  **UC Office of the President** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

This waiver is not considered valid until after all parties have signed