

REQUEST FOR AUTHORIZATION (WAIVER)
SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: [Click here to enter a date.](#)

Employee Name:

Institution:

Department:

Position No:

Title:

Brief explanation of your potential conflict of interest:

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment):

Brief explanation of why you believe a waiver should be granted:

Signature of Employee Requesting Waiver: _____

FOR INSTITUTIONAL/BHR USE ONLY:

Date received by official acting on request: [Click here to enter a date.](#)

Signature and Title of Official acting on request: _____

Date acted upon: [Click here to enter a date.](#)

Authorization granted? Y / N

If authorization is conditional, so note here (Y / N), list conditions on separate sheet and attach to this document.

Appeal requested? Y / N

Appeal received by the Board: [Click here to enter a date.](#)

Date appeal acted upon: [Click here to enter a date.](#)

Authorization granted on appeal? Y / N

Received by BHR: [Click here to enter a date.](#)