**Request for Legal Counsel**

Office of Legal Affairs

 1590 North High Street

500 Gateway Building C

Columbus, OH 43201-2247

614-292-0611 Phone

614-292-8699 Fax

http://www.legal.osu.edu/

|  |
| --- |
| **Unit Requesting Legal Counsel** |
| **Contact Name** | **Contact Phone** | **Contact Email** |

|  |
| --- |
| **Purpose of Request** |

**WorkDay Cost Centers & Worktags to be Charged (you may add additional Worktags if needed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OSU/ OSUP/ WMC (mark only one)**  | **COST CENTER** | **LEDGER** | **FUND** | **BALANCING UNIT** | **AREA** | **ACTIVITIES** |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Request Initiated By** | **Title** | **Date** |

**Required Approvals**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director/Department Chair/AVP Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit Fiscal Officer Signature Date**

*For Legal Affairs Internal Use Only*

Request Approved by: Date:

Counsel Assigned: Date:

Matter Number: