|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request**: | **Requesting Agency and Functional Unit or Group**: | | **Contact Person:** |
| **Email Address:** | **Address**: | | **Title and Phone Number:** |
|  | | | |
| Number & Title of PSP: | | | |
| Description of Exception: *(Provide a summary explanation of the requested exception, including proposed technical details or procedural adjustments.)* | | | |
| Justification for Exception: *(Provide* ***specific business and / or technical reason(s)*** *why the agency, functional unit, or employee group cannot comply with identified security PSP.)* | | | |
| **Security Exception & Risk** | | | |
| Identify the steps that are being taken to eliminate the risk. | | | |
| Length of time to eliminate the risk: *(Please provide a specific,* ***temporary*** *time period with a clearly defined end date.)* | | | |
| Identify actions to be taken in order to comply with PSP after the exception period is over: | | | |
| Risk description:  CBTAP Agency Information Number & date risk entered: | | | |
| **For Office Use Only** | | | |
| Reviewer | | Recommend For  Recommend Against | |
| Agency ISO Approval | | Approve  Disapprove | |
|  | | Reason of Disapproval: | |
| ISO Approval Signature: | | Date: | |
| CISO Approval | | Approve  Disapprove | |
|  | | Reason for Disapproval: | |
| CISO Approval Signature: | | Date: | |
| Copy Sent to Requestor: | | Date: By: | |