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| --- | --- | --- |
| **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:  |