



Office of Information Technology Services

Chief Information Security Office - Exception Request Form

Confidential when completed

Section 1: Exception

1.1 Point of Contact Information:

Name:	Phone:	Date:
-------	--------	-------

Business Unit:

Email:

1.2 Exception Details:

Policy Reference:	Standard Reference:	Proposed End Date:
-------------------	---------------------	--------------------

Agency(s) Impacted:

System(s) Hardware Impacted (if applicable):

Will this impact the process, stage and/or transmission of PPSI?

Yes **No**

1.3 Reason for Exception Request: *(Attach extra sheet if necessary)*

Background Information:

Reason for Request:

1.4 Description/Assessment of Risk: *(Attach extra sheet if necessary)*

1.5 Compensating Controls (to mitigate risk associated with non-compliance):
(Attach extra sheet if necessary)

1.6 Corrective Action Plan / Risk Acceptance: *(Attach extra sheet if necessary)*

Section 2: Requestor Authorizations

2.1 Information/Business Owner:

X _____

Title:

Date:

2.2 Information Security Officer (ISO)/Designated Security Representative: (ISO)

X _____

Title:

Date:

2.3 Chief Information Officer (CIO): (Agency/Portfolio CIO)

X _____

Title:

Date:

2.4 Commissioner/Executive Deputy (or equivalent):

X _____

Title:

Date:

Return to: ciso@its.ny.gov

NYS Office of Information Technology Services
Chief Information Security Office
1220 Washington Avenue, Building 5
Albany, NY 12242 Phone (518) 242-5200

2.5 Additional Comments by any Authorized Signers: *(Provide Role/Name before comments)*

Section 3: Exception Approval/Denial *(For CISO Use Only)*

Approved	Denied	Proposed Review Date:
-----------------	---------------	------------------------------

Reason for Denial: *(Attach extra sheet if necessary)*

3.1 Chief Information Security Officer or Delegate:

X _____

Date: