New York State of Opportunity — 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 / Mitigation 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 CIO/Portfolio Executive Director)	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: