



STATE OF ALABAMA

OFFICE OF INFORMATION TECHNOLOGY



FORM 101F1: IT Policy Exemption Request

Instructions: This request is for an exemption to a requirement stated in a State of Alabama enterprise governance policy or standard. Approval of this request grants a temporary exemption, which may be subsequently renewed at the discretion of the Secretary of Information Technology. This form is not intended to be used to determine the feasibility of operational implementation of a required policy.

All relevant information must be provided including a business, technical, or other justification using the applicable sections of this form. This allows reviewers a better understanding of the necessity of the request. If form fields cannot contain entire response, additional sheets may be attached.

All request forms must be submitted to OIT by email using this address:

exemption.request@oit.alabama.gov

Section 1: Submitter Information. Complete all fields in this section.

Section 1: Submitter Information	
1a. Agency:	
1b. Submitter Name:	
1c. Phone:	
1d. Email:	

Section 2: Exemption Information. Complete all applicable fields in this section.

Section 2: Exemption Information	
2a. Number or title of policy or standard for which exemption is requested:	
2b. Specific requirement (if applicable) for which exemption is requested:	
2c. Check requested exemption period: <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 YEAR	
2d. Is there a planned (or in-progress) project to implement the requirement within the requested exemption period? Please check Yes or No and explain below. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Explanation:	
2e. Who is the Business Owner or Sponsor for this project? <input type="checkbox"/> NOT APPLICABLE	
Name:	
Phone:	Email:

Section 3: Justification. Complete all fields in this section by providing any business, technical, or other justification for the request. The cost impact of policy/requirement compliance should be included.

Section 3: Justification				
3a. Describe any business, legal, or operational constraints:				
3b. Describe any technical constraints:				
3c. Describe the cost impact to the Agency if required to comply with the stated requirement:				
Cost Factors	6 Months	Year 1		Totals
Totals:				

Section 4: Risk Identification. This section is completed by the Senior Agency Information Security Officer or their designee. If additional space is needed, include as an attachment.

Section 4: Risk Identification	
4a. Contact information for the Senior Agency Information Security Officer	
Name:	
Phone:	Email:
4b. Security Impact Category of the data or system(s) to which this exemption applies:	
<input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW	
4c. Describe all risks associated with this exemption:	
4d. Describe any compensating controls which will be implemented to mitigate the risks that implementing this requirement would have addressed:	
4e. Identify any residual or remaining risk:	

Section 5: Alternatives. Complete all applicable fields in this section.

Section 5: Alternatives				
5a. Describe any potential alternatives and (if applicable) the yearly cost to implement the alternative:				
Alternative 1:				
Cost Factors	6 Months	Year 1		Totals
Totals:				
Alternative 2:				
Cost Factors	6 Months	Year 1		Totals
Totals:				
5b. If no alternatives were investigated, please explain:				

Section 6: Attestation. To be completed by the Agency Head or designated approving authority.

I have evaluated the business and technical issues associated with this exemption request, and I accept all risks.

_____	_____	_____
Printed Name of Agency Head	Signature	Date

Approval/Appeal. To be completed by the designated office or individual. Refer to Procedure 101P3: IT Policy Exemption Request for form routing and workflow.

Section 7: Secretary of Information Technology Exemption Decision - (OIT Use Only)	
7a. EXEMPTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
7b. Exemption Expires:	
7c. Comments:	
<i>Secretary of Information Technology</i>	Date:

Section 8: Agency Request for Appeal - (Agency Use Only)	
8a. REQUEST APPEAL <input type="checkbox"/>	
8b. Comments:	
Name:	Date:
Title:	

Section 9: Secretary of Information Technology Appeal Decision - (OIT Use Only)	
9a. APPEAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
9b. Exemption Expires:	
9c. Comments:	
<i>Secretary of Information Technology</i>	Date:

Retention: Completed Exemption Request Forms shall be retained by the requesting agency and by the OIT Office of the CISO for a period of one year following the expiration (or denial) date of the exemption.