

STATE OF ALABAMA



OFFICE OF INFORMATION TECHNOLOGY

FORM 101F1: IT Policy Exemption Request

<u>Instructions</u>: 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, of one to three years, 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.

Business and technical justification must be provided in some sections of this form. Submitter is encouraged to confer with business and technical support staff prior to submitting this request.

If form fields cannot contain entire response, additional sheets may be attached.

Additional instructions are found in Procedure 101P3: IT Policy Exemption Request

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

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: ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS
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. ☐ YES ☐ NO
Explanation:
2e. Who is the Business Owner or Sponsor for this project? ☐ NOT APPLICABLE
Name:
Phone: Email:

Section 3: Justification. Complete all applicable fields in this section for all exemption requests by providing any business, technical, or other justifications. Cost impact should also be provided.

Section 3: Justification

3a. Describe any business, legal, or o	perational constra	ints:			
3b. Describe any technical constraint	s:				
3c. Describe the cost impact to the A	gency if required t	to comply with t	the stated requir	ement:	
Cost Factors	Year 1	Year 2	Year 3	Totals	
Totals:					
Section 4: Risk Identification. Conrequests. This section should be comby the person with this responsibility). Section 4: Risk Identification 4a. Contact information for the Senion Name:	pleted by the Sen . If additional space	ior Agency Info ee is needed, inc	ormation Securi lude as an attacl	ty Officer (or	
	Email:				
4b. Security Impact Category of the data or system(s) to which this exemption applies:					
□ HIGH □ MODERATE □ LOW					
4c. Describe all risks associated with this exemption:					
4d. Describe any compensating contrimplementing this requirement would		implemented to	mitigate the risl	ks that	
4e. Identify any residual or remaining	g risk:				

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

Section 5: Alternatives				
5a. Describe any potential alternatives	and (if applicable	e) the yearly cos	t to implement	the alternative:
Alternative 1:				
Cost Factors	Year 1	Year 2	Year 3	Totals
Cost Factors	rear r	rear 2	rear 5	Totals
Totala				
Totals:				
Alternative 2:				
	T			,
Cost Factors	Year 1	Year 2	Year 3	Totals
Totals:				
5b. If no alternatives were investigated	l, please explain:			
Section C. Attendation To be assurbted	J 1 41 A	IIdd	4.1	41
Section 6: Attestation . To be complete		_		-
I have evaluated the business and technic accept all associated risks as being reasonable.			emption reques	st, and I
accept an associated risks as being reaso	madic under the	encumstances.		
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: OIT Information Security & Governance Exemption Decision - (OIT Use Only	
7a. EXEMPTION: ☐ APPROVED ☐ DENIED	
7b. Exemption Expires:	
7c. Comments:	
Name:	
Title	
Date:	
Section 8: Agency Request for Appeal - (Agency Use Only)	
8a. REQUEST APPEAL □	
8b. Comments:	
N	
Name:	
Title: Date:	
Section 9: Secretary of Information Technology Appeal Decision - (OIT Use Only)	
9a. APPEAL: □ APPROVED □ DENIED	
9b. Exemption Expires:	
9c. Comments:	

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