



POLICY EXCEPTION REQUEST FORM

Requestor _____ Request Date _____

Requesting Agency or Business Unit _____ Contact Phone _____

Project name _____

1. Policy referenced for exception.

2. Specific description of exception.

3. Why the policy requirement cannot be implemented.

4. What is the Sensitivity and Criticality of Hardware and/or Data involved in exception?

5. Proposed interim compensating control.

6. When will the policy control be able to be implemented?

In accordance with New Jersey Office of Information Technology (OIT) Operational Circular (OC) [08-20NJ OIT](#), Managing Exceptions, I request an exemption from the policy requirement(s) described above. I understand that such an exemption, if granted, shall be temporary and does not rescind the excepted policy requirement.

Requestor Signature _____ Date _____

(Requestor cannot be the same name as Agency/Unit Director)

AGENCY/UNIT DIRECTOR

If vulnerabilities have been identified in the server or application, please provide the date you agree to address the identified risk.

Name _____ Date _____

Signature _____

(Unit Director cannot be the same as the Requestor)

Chief Information Security Officer Review and Recommendation

Recommend approval Do not recommend approval

Conditional Approval _____

Remarks _____

Review every _____ months

Name _____ Date _____

Signature _____

Chief Information Officer

Recommend approval Do not recommend approval

Conditional Approval _____

Remarks _____

Review every _____ months

Name _____ Date _____

Signature _____

Instructions:

1. Email a copy of the completed exception form to the Statewide Office of Information Security at njinfosecure@oit.state.nj.us.
2. An email of the approved or disapproved exception will be sent to the requestor and to the SAR review facilitator at sar@oit.state.nj.us. If the exception is not approved, a reason will be given and/or a request for additional information.