

**County of Sonoma
Security Policy/Standard Waiver**

Local Agency Name:

Date:

Waiver Requestor Name/Title:

Phone Number:

Email:

County Policy/Standard:

Exception Scope:

Identify the scope of the exception being requested (i.e., for all systems/Users? One system/group of Users:

Justification for Exception:

Explain why compliance with this policy/standard is not possible due to technical limitations, conflict with business requirements, or other circumstances:

Exception Risk

Explain the potential impact or risk attendant upon granting the exception:

Compensating Controls

In the absence of the controls specified by this policy/standard, what compensating controls will be implemented?

Approval and Conditions

I, hereby, acknowledge that I have reviewed the aforementioned request for a policy/standard waiver and certify that the compensating controls necessary to justify the policy/standard waiver are adequate.

¹County Chief Information Security Officer or
approved designee

Date

Local Agency Department Head,
General Manager or approved designee

Date

Upon approval, scan and e-mail to issc@sonoma-county.org. The approver shall retain the original.

Please note: This waiver and its applicability must be reviewed at least annually by the requesting Local Agency. Waivers must be renewed every three years or when significant changes which affect the system categorization (e.g., Confidential, Restricted or Public), justification for noncompliance, and/or compensating controls are made.

¹ In most cases the Information Systems Director who serves as the Chief Information Security Officer will be the appropriate approver, unless otherwise noted in the individual policy or standard for which the waiver is submitted.