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| OPD-BUS000A - Information Technology Policy Request Form |

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| **Requester:** Enter name here **Agency:** Enter Agency here **Date:** Click here to enter a date  **Email Address:** Enter requester email here **Phone Number:** Enter requester phone number here |
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| **Request Type:**  *New ITP*  *Revision of ITP  Rescission of ITP*  ***ITP Title:*** Enter ITP title here  ***ITP Description:***Enter ITP Description here |

**Detailed Request:**

*Please provide request details for new, revised or deletion of policy*

**Objectives/Proposed Revisions:**

*Please provide high level objectives/revisions for your request*

**Risk Analysis:**

*Please provide risk(s) if objectives or revisions are not met*

**Agency contact:**

*Please provide additional contact information if needed*

***OA/OIT USE ONLY***

**Business Owner Recommendation (Required when applicable)**

Reviewed by: Enter name here Date: Click here to enter a date

Recommend  Do Not Recommend

Comments: Enter comments here

**Domain Owner Recommendation (Required)**

Reviewed by: Enter name here Date: Click here to enter a date

Recommend  Do Not Recommend

Comments: Enter comments here

**IT Policy Coordinator Recommendation (Required)**

Reviewed by: Enter name here Date: Click here to enter a date

Recommend  Do Not Recommend

Routine Process (20 days)  Expedited Process (10 days)  Emergency Process (2 days)

Comments: Enter comments here

**Director of OSAM Approval (Required)**

Reviewed by: Enter name here Date: Click here to enter a date

Approve  Disapprove

Routine Process (20 days)  Expedited Process (10 days)  Emergency Process (2 days)

Comments: Enter comments here

**Commonwealth CIO Approval (Optional)**

Reviewed by: Enter name here Date: Click here to enter a date

Approve  Disapprove

Routine Process (20 days)  Expedited Process (10 days)  Emergency Process (2 days)

Comments: Enter comments here