Date: Click here to enter a date.

|  |  |
| --- | --- |
| Requester’s Name: | Click here to enter text. |
| Requester’s Phone Number: | Click here to enter text. |
| Requester’s Email Address: | Click here to enter text. |
| Division or Department: | Click here to enter text. |
| Relevant Procedure: | Click here to enter text. |

**1. Scope for which a deferral is being requested:**

Click here to enter text.

**2. Description of the non-adherence (i.e. description of the situation that is to exist if a deferral is granted):**

Click here to enter text.

**3. Proposed assessment of risk associated with non-adherence:**

Click here to enter text.

**4. Proposed plan for managing risk associated with non-adherence:**

Click here to enter text.

**5. Additional information (attach additional pages if needed):**

Click here to enter text.

**6. Anticipated duration for the deferral (enter date range):**

*Start Date:*Click here to enter a date. *End Date:* Click here to enter a date.

*Comments:* Click here to enter text.