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CCITP Waiver Request Form

Name:		
Employer:		
Work Email:		
Date Waiver Submitted:		
REASON FOR WAIVER		
Medical	Military Deployment	Other
Explain the reasons for the request for this waiver. (Limit 1,000 words) (Please attach all pertinent documentation with the initial submission so your waiver request can be properly reviewed.)		
ACTION TAKEN (For PMO Only)		
Waiver is approved		
Waiver is rejected		
Return – Incomplete information in the waiver request/additional information is requested. Submit no later than:		
Comments:		

Reviewer: _____ Date: _____

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