

WAIVER REQUEST

WAIVER LEVEL
_____**OSD**
_____**Navy**

WAIVER APPLICABILITY
_____**Applicable to all Programs (Class)**
_____**Program Specific (Individual)**

WAIVER REQUEST # (Leave blank; filled in by coordinator)

WAIVER REQUEST:
(Document number and title, specific part/paragraph)
(Describe where waiver will be applied (specific program/contract))
(Identify period of time)

Submitter: (for Class Waiver)
Program Information: (for Specific Waiver)
Program:
Solicitation No:
POC:
Phone Number:

Rationale for Waiver Requested:
(Narrative must support the request action)

Benefits to be Accrued:
(Include considerations of cost savings, schedule reduction, system performance improvement, etc.)

Possible Risks Introduced:
(Must state the impact of approving or not approving the waiver request. Include considerations of cost overruns, schedule overruns, system performance degradation, etc.)

Recommendations:
(Use specific language if possible)

CSIE INITIAL

MDA APPROVAL **DATE**