

Waiver Request and Approval

File Location (location of artifact associated with requirement being waived):

Request Date:

Requester Name:

Document Identifying Requirement to be Waived (name, number, version, effective date, etc.):

Description of Requirement to be Waived:

Justification for Waiver Request:

Waiving this requirement will will NOT have a negative impact to any product or service being provided to any customer.

	Initiator	Reviewer	Reviewer	Reviewer	Document/ Process Owner	IMS Rep.
Name						
Signature						
Date						