



System Development and Life-Cycle Management (SDLCM) Methodology

SDLCM METHODOLOGY DEVIATION OR WAIVER FORM			
			Request Number (CM Use Only):
Project Information			
Project Name:	Request Originator:	Phone Number:	Request Date:
Deviation or Waiver Information			
<input type="checkbox"/> Deviation	<input type="checkbox"/> Waiver	<input type="checkbox"/> Handbook	<input type="checkbox"/> Standard
		<input type="checkbox"/> Procedure	<input type="checkbox"/> Form
			<input type="checkbox"/> Other
Handbook Chapter, Standard, Procedure, Form, or Other:			
Description:			(Use extra pages if needed)
Reason for Request:			(Use extra pages if needed)
Proposed Alternative (required for deviations):			(Use extra pages if needed)
Cost Impact if Request is Disapproved:		Schedule Impact if Request is Disapproved:	
(Use extra pages if needed)		(Use extra pages if needed)	
Approvals			
Responsible Manager Review Signature:			Date:
Quality Assurance Action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason for disapproval):			
Quality Assurance Manager Signature:			Date:
SDLCM Methodology Manager Concurrence Signature:			Date: