



Annual Request for IT Agency Strategic Plan Exception Request

Form 27-361 EPMO-1

Upon completion of this form, please email to : Exception.Requests@doit.nm.gov

Date:

Agency Code:

Agency Name:

- | | | |
|--|-----|----|
| • Does the agency have IT staff? | YES | NO |
| • Are all agency IT services provided by DoIT? | YES | NO |
| • Does the agency own any IT projects or applications? | YES | NO |

Brief Description & Justification

Agency Contact(s) for Additional Information

Name:

Name:

Title:

Title:

Phone:

Phone:

Email:

Email:

Agency Approval Signatures

Please ensure the following signatures are included prior to sending to EPMO

Agency Cabinet Secretary or Designee

Agency Name

Agency Chief Information Officer/IT Lead

Agency Name

For Department of Information Technology (DoIT) Use Only

Exception Recommendation

DoIT Determination & Signature

[] APPROVED [] DISAPPROVED

DoIT Cabinet Secretary or Designee

Date