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## Global Counter Insider Threat Professional Waiver Request Form

Name:			
Employer:			
Work Email:			
Current Expiration Date (for time extension request):		New Expiration Date Requested (for time extension request):	
Date Waiver Submitted:			
<b>REASON FOR WAIVER REQUEST</b>			
<input type="checkbox"/> Extension Request	<input type="checkbox"/> Accommodation Request	<input type="checkbox"/> Other Request	
<p>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.)</p>			
<b>ACTION TAKEN (For GCITP PMO Only)</b>			
<input type="checkbox"/> Waiver is approved			
<input type="checkbox"/> Waiver is rejected			
<input type="checkbox"/> Return – Incomplete information in the waiver request/additional information is requested.			
Submit no later than:			
Comments:			

GCITP PMO Signature: \_\_\_\_\_ Date: \_\_\_\_\_