**ATTACHMENT B**

**Request for Policy Exemption**

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|  | STATE OF NEW MEXICODEPARTMENT OF FINANCE AND ADMINISTRATIONFINANCIAL CONTROL DIVISION REQUEST FOR POLICY EXEMPTION |  |
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| **Check the appropriate policy request:**  **New Exemption \_\_\_\_\_\_\_\_\_\_\_\_ Existing Exemption \_\_\_\_\_\_\_\_\_\_\_ Exemption Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **State the DFA/FCD policy, procedure, or memorandum from which you are requesting an exemption:** |
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| **State the exemption requested and provide a complete justification:** |
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| Fund Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Unit \_\_\_\_\_\_\_\_\_\_\_ | Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Exemption Requested for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signed by Requesting Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cabinet Secretary/Agency Director) | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For FCD Use OnlyApproved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Financial Control Division Director)****Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DFA/FCD (4/2011**