**ATTACHMENT B**

**Request for Policy Exemption**

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|  | STATE OF NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRATION FINANCIAL CONTROL DIVISIONREQUEST 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**