|  |  |
| --- | --- |
|  [Agency Logo] | ELECTRONIC AND INFORMATION RESOURCE (EIR)Accessibility Exception Request |
| 1. Requester Information  |
| Requester Name:       | Job Title:       | Date:       |
| Email:       | Phone: (   )       |
| Office Address:       | City:       | State:    | ZIP:       |
| Program or Division:       | EIR Owner:       |
| 2. Description of Inaccessible EIR  |
| EIR Title:        |
| EIR Description (if applicable, include URL address or location of hardware or office equipment)**:**       |
| EIR Type**:**[ ]  Web page [ ]  Electronic document (PDF, MS Word, PPT, etc.) [ ]  Electronic form[ ]  Software application [ ]  Multimedia or video content  [ ]  IT hardware or office equipment[ ]  Other (Describe):       |
| EIR Status:[ ]  Under development. Enter planned completion date:      [ ]  Under revision.[ ]  Completed.[ ]  Acquired or procured from third party (Name of agency or third party:      ) |
| The usage scope for this EIR is (check all that apply)**:**[ ]  Public facing, high traffic [ ]  Public facing, moderate traffic[ ]  Internal use, high number of users [ ]  Internal use, low number of users[ ]  Mission critical for service delivery [ ]  Required to perform an essential job function[ ]  Used in staff development or training[ ]  Other (Describe):       |
| 3. Justification for Exception  |
| Select the reason(s) for requesting this exception (check all that apply)**:**[ ]  Cost prohibitive [ ]  Underlying EIR technology platform not accessible[ ]  Adequate skilled resources unavailable [ ]  Large programming impact[ ]  Nearing end of life cycle [ ]  Marketplace exception[ ]  Other (Describe):      *(Question 3, “Justification for Exception,” continued on next page.)* |

|  |
| --- |
| 3. Justification for Exception (Question 3 continued from previous page.) |
| Provide supporting information to justify this request:       |
| Date of Accessibility Evaluation:       |
| Estimated cost of bringing the EIR into compliance (development cost, time, etc.):      [ ]  No estimate done. Explain:       |
| Planned Accessibility Compliance date:       [ ]  No date is planned. Explain:       |
| Other relevant information:       |
| 4. Alternative Compliance Methods  |
| Describe the alternative means of access, including time and expense to implement:       |
| 5. Recommendations |
| Div. Dir.:     [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      Legal Svcs:     [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      Agcy. IRM:     [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      HR Mgr.:     [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      Acc. Coord.:     [ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
| 6. Executive Director  |
| This exception request is: [ ]  Approved [ ]  DeniedComments:        |
| Duration of Exception Granted:  [ ]  3 mo. [ ]  6 mo. [ ]  12 mo. [ ]  24 mo. [ ]  Other (specify):       |
| Executive Director Signature:  | Date:       |
| 7. Scanned Image |
| Once all signatures are received, please add to the next page a scanned copy of the signatures page (page 2) *as an image*. Then right-click the image and choose “Format Picture…” to add alt text for accessibility. |
|  |

For questions or assistance completing this form, contact [agency acronym/name]’s EIR accessibility coordinator.