Exception Request Form

The EIT Accessibility Policy allows for exceptions if certain circumstances are demonstrated.   To demonstrate that any of those circumstances exist, purchasers and developers of EIT must complete the EIT Exceptions form and submit it to ODI for review.

ODI, in consultation with CSSD, Purchasing Services and other relevant parties, will review the exception request and make a determination. Written decisions and rationale will be shared with requester. If the exception is granted, departments/units/schools may move forward with purchasing the EIT product.

Requestor Info

Name:

Job title:

Email:

Phone:

School, unit or department:

EIT Info

Product/Service Name:

Description and intended use:

EIT Type:

Third party or vendor name and contact info:

Scope of EIT (select all that apply)

- Public facing, high traffic
- Public facing, moderate traffic
- Public facing, low traffic
- Internal use, high number of users
- Internal use, low number of users

Used by students

Required to perform an essential job function

Used in staff development or training

Mission critical for service delivery

Used by only one person

Known accessibility barriers:

Have you investigated other products which perform a similar function? Are they accessible? Explain:

Justification for Exception

Reason for exception (select all that apply)

Cost prohibitive

Marketplace lacks accessible products

Large programming impact

Nearing end of life cycle

Underlying technology not accessible

Other - Please Explain:

Estimated cost to bring EIT into compliance:

Plans to make EIT accessible in the future (attach roadmap if available):

Supporting information for justification:

Equivalent alternate access plan

Known accessibility issues of EIT:

Responsible person:

Describe what will be provided and how the equivalent access will be communicated:

Required resources (training, staff, equipment):

Additional Details

Attach compliance documentation (VPAT or checklist) and any other supporting documentation

Unit Head Name:

Unit Head Signature:

Date: