
**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
INFORMATION TECHNOLOGY
SECURITY PLAN**

**Personnel Security – *Security Awareness and Training
Program***

Security Awareness Compliance Exemption form

As an employee of SVCC, I understand that I must read and sign the Employee Acceptable Use Agreement, and that I must participate in the SVCC Security Awareness and Training Program. By signing below, I hereby declare that due to exceptional circumstances, (given below) I am unable to comply with these requirements.

If the employee is unable to sign or articulate the circumstances of non-compliance, the employees' supervisor will complete this form on their behalf.

Employee Name: (Print) _____

Employee Signature: _____

Date: _____ Supervisor is acting as the employees' proxy: _____

Department: _____ Location: _____

Reason for Exemption: _____

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Employee Supervisor: _____

Supervisor Signature: _____

Reviewed by President's Staff _____ Date: _____

Exemption Approved:

a. Yes: _____

b. No: _____ (Explain)

Explanation: _____

College President Signature: _____

Dr. John Cavan

College ISO Signature: _____

Mr. Will Hamilton