



# Request for Variance / Exception

## STATE OF OREGON DEPARTMENT OF CORRECTIONS

**DATE:**

**TO:**

Westside Institutions  
Administrator

Eastside Institutions  
Administrator

Chief of Security

**FROM:**

\_\_\_\_\_ name

\_\_\_\_\_ institution

**SUBJECT:**

**Variance**

Requesting additional time to seek  
resources/assistance outside of the facility

**Policy/Audit Standard Exception**

Requesting exception to department policy

Audit Standard and Number:

Issue/Conflict:

Requested Resolve:

### Recommended Approval

yes

no

\_\_\_\_\_  
Printed and signed name of Institutions Administrator Date

yes

no

\_\_\_\_\_  
Printed and signed name of Chief of Security Date

**Comments:**

### Assistant Director of Operations

yes

no

\_\_\_\_\_  
Printed and signed name Date

**Comments:**

If approved for an "Exception" by the Assistant Director of Operations, the details of the exception and date of approval must be put in writing within the appropriate facility procedure.

Variations are only good for one year from the approval date.