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| UC-horz-rgb.jpg | APPENDIX CISN Variance Request Form Contractor ISN Standing below Acceptable Grade  |

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| **VARIANCE INFORMATION** |
| Variance Requested For: Click or tap here to enter text. Company Name  |  |
|  Contractor Contact Name and Title:Click or tap here to enter text. | Current Date:Click or tap here to enter text. |
| Contractor Phone Number: Click or tap here to enter text. | Contractor Email Address:Click or tap here to enter text. |
| Reason for variance *(e.g. emergency situation, tier classification, etc.)*Click or tap here to enter text. |
| Variance control/ action plan *(provide de* *tails on additional controls, how these controls will be monitored, etc.)*Click or tap here to enter text. |
| Expiration of variance *(when will the variance expire? under what condition?)*Click or tap here to enter text. |
| **UCalgary Approver Name – Department/Faculty Director**Click or tap here to enter text. | **UCalgary Approver Title**Click or tap here to enter text. | **UCalgary Approver Signature**Click or tap here to enter text.      | **Date**: YYYY.MM.DD |
| **UCalgary Approver Name – EHS Representative**Click or tap here to enter text. | **UCalgary Approver Title**Click or tap here to enter text. | **UCalgary Approver Signature**Click or tap here to enter text.      | **Date**: YYYY.MM.DD |